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GUY'S HOSPITAL GAZETTE

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PASSIM

Resolutions

As the Christmas trees turn brown and shed their needles and the cheerful fumes of Hogmanay are blown away by the clear cold winds of the New Year, the popular game of making and breaking resolutions again has its short season. While all our private resolutions will, without doubt, fade away during the next few weeks, we wish a better fate for any that might be made by those who order the destinies of the hospital. We, in our turn, start the year with questions which only Father Time will answer.

Undoubtedly, one question which is being asked by many Guy's men and women of all ranks is *Can Guy's House hobble into* 1955 *supported by its painted steel crutches or will it have collapsed wearily by then ?* We all hope that on the Ministry of Health's list of 1954 resolutions there is one which orders some real steps towards the building of the New Guy's.

A smaller, almost a trivial problem for solution in 1954 is that of the smell of decay that stands sentry at the right-hand main gatepost in St. Thomas' Street. Summer and winter it has been with us and even on this dour January day when most smells are hibernating, it is still there, a waft from the pit and a bad advertisement for the borough council who provides the drains, and for Guy's who presumably fills them.

A worthy resolution for the year would be fairer play to lecturers, especially the lunch-time-clinical variety. Perhaps students could avoid noise outside the Anatomy Theatre and the works department might declare an armistice in their unending noisy fight with the medical school plumbing and fittings from 1 to 2 p.m. each weekday.

For the Clubs' Union, we have a special request for their consideration. We wish that they, President, Vice-President, Secretary and Committee would go and try the Spartan delights of a shower in the Gymnasium changing room as part of the business of their next meeting. The fine work of improvement that they have done during the last year by redecorating and furnishing this room cannot be appreciated by those who, clothed only in goose-pimples, wrestle unavailingly with the recalcitrant controls of the showers while their heat-regulating centres waver and are lost.

Although we have innumerable more worthy schemes perhaps these will provide an adequate target at which some of us might aim (and probably miss) during 1954.

The main entrance to Guy's now presents striking features by day and by night. The most obvious daylight change that one experiences is an unusual feeling of " emptiness " on passing between the stone pillars of the gateway on St. Thomas' Street. A glance reveals the reason. The wrought iron gates are gone. For many years it has been clear that they were in need of attention. Now they have been removed for expert renovation and repair.

Ever since a few days before Christmas the Courtyard beyond has been illuminated at night by a diffuse golden glow from two sodium floodlamps fixed on the balconies flanking Guy's House. One is tempted to ask why their warm rays are not directed to the fine facade rather than upon a rather unresponsive asphalt below ? Whether the installation of these fog-piercing lights and the removal of the front gates is merely a coincidence must be a matter of opinion: at any rate every visitor approaching the Hospital is now picked out clearly and is instantly visible from the Front Lodge. It is worth paying a visit to the Hospital at night to see a (perhaps unintentional) delight which the present arrangement has revealed : Guy's statue, the shoulders sparkling from condensed moisture, silhouetted against a golden blanket of illuminated smog—surely one of the lesser sights of London ?

We extend a warm welcome to Miss Gwendolen Colthorpe, who has been appointed First Assistant Matron to the Hospital and takes up her new duties on January 11th. She received her training at the Westminster Hospital and during the war served with Queen Alexandra's Imperial Military Nursing Service Reserve. She was taken prisoner in the far East and was awarded the A.R.R.C. for her services at Hong Kong. Since 1948 she has been First Assistant Matron, the Royal Free Hospital.

We congratulate Miss Mary Waldron of the Department of Medical Illustration who has become a Member of the Society of Industrial Artists. We understand that she is only the second medical artist to do this, the first having been Miss Sylvia Treadgold, also of the Guy's department.

After over 25 years continuous service to the Hospital (the last twelve spent as lift attendant in the Out-Patient Department) Mrs. Potts has retired. She was a well-known personality despite the somewhat constricted area in which she worked, though one might add that on numerous occasions she has reached great heights. Her quiet manner and charm have endeared her to all. Before an operation in 1941 compelled her to take a less arduous job, she had been Out-Patient tea trolley attendant. She tells us she is soon moving to a cottage in Sussex where we wish her many years of happy and peaceful retirement.

As we hurry past the Guy's shop on our way to the P.M. room, we always seem to see a swarm of dental students drinking tea and gossiping. Let them be warned, the public now see through their idleness—this has been revealed by a letter in the front lodge addressed to Mr. ——— , *Conversation* Room, Guy's Hospital.

GUY'S DIARY

JANUARY		Exhibition. Department of Surgery. *Post-Operative Chest Complications.*
11th M	1.00.	Mr. V. E. Lloyd. Clinical Lecture. *Congenital Syphilis.*
14th Th	5.00.	Mr. Murray Falconer. Neurosurgical Demonstration. Clinical Theatre.
	5.00.	X-ray Meeting. Gordon Museum.
15th F	1.00.	Dr. A. H. Douthwaite. Clinical Lecture. *Influenza.*
	2.15.	Combined Round. Preclinical classroom.
16th S		England v. Wales (Twickenham).
18th M	1.00.	Dr. L. Forman. Clinical Lecture. *Pruritus.*
20th W		Rugby 1st XV v. Wasps (H.O.P.).
21st Th	5.00.	X-ray Meeting. Gordon Museum.
22nd F	1.00.	Dr. H. E. Holling. Clinical Lecture. *Ballistocardiography.*
	2.15.	Combined Round. Preclinical classroom.
		Clubs' Union Annual Ball. Park Lane Hotel.
23rd S	10.00.	Clinico-Pathological Meeting. Clinical Theatre.
		Rugby 1st XV v. Devonport Services (H.O.P.).
25th M	1.00.	Mr. R. H. Brain. Clinical Lecture. *Diaphragmatic Hernia.*

THE GAZETTE

Information for Nurses, Physiotherapists and Radiographers.

Copies of the *Gazette* are available for Nurses, Physiotherapists and Radiographers at the reduced rate of 6d. each copy, or 7/6 per annum whilst they are working at the Hospital. Application should be made to : The Manager, The Gazette Office, 6, St. Thomas's Street, S.E.1.

THE CHRISTMAS SCENE, 1953

GUY'S went gay again this Christmas time. There was a tree on the Colonnade steps lit with coloured lights : another was placed near the descent to the Park. Paper streamers and chains were visible in every window. The Catering Department did us proud : turkeys ; puddings ; pies, cakes, trifles, jellies literally loaded the expectant wards with good things while for every patient in the Hospital there was an appropriate present for man woman and child provided through the good services of the Guild of ex-Patients' and Friends.

What of the Wards ? *Sarah Swift* was a remarkable reminder of the value of " Safety on the Roads " and the passage between the beds was carefully guarded by flashing traffic lights which actually worked in the approved manner. A visit to *Dorcas* across the way took us to the land of Hans Andersen, the reclining figure of a fairy near the door being an effective focus for many delightfully painted fairy-tale pictures round the walls. Emerging into the Colonnade one was struck by newspaper placards announcing the " *Astley Cooper* Grand Prix " which inspection of that ward proved to be no mean boast. The " Daily Express" had indeed generously decorated the scene to remind one of the racing track complete with miniature racing cars. There were repair pits too (" Atkins, Wass and Blackburn let *us* repair your engine ") and a generous array of silvery trophies—made (we happen to know) by industrious nurses at all hours of the day and night. Over the way to *Queen*. The " Royal Tour !" Even the sky was portrayed with innumerable light blue balloons, while aircraft of astounding shapes flitted surreptitiously between wall and ceiling. To get into the ward it was necessary to pass a charming young lady dressed in a summer print frock who extended a welcoming hand to every oncomer. Alas ! Inspection followed by palpation revealed a statuesque shape—a window model ! *Christopher*, although somewhat elevated in space, chose to represent itself as " At the Bottom of the Sea " and the visitor plunged between grotesque monsters trailing leaves and exotic plants as he almost swam from bed to bed. How the nursing arrangements survived in this sudden submarine metamorphosis is something which Neptune alone could adequately explain. *Lydia* struck the happy balance by setting the scene " Over the Rainbow " and variegated colours, soft lights and sunlight through a Spring shower of rain caressed the cautious onlooker at this heavenly delight. Up again to *Pat and Sam* where the dark entrance led to a fantastic " Spaceship " piloted through the air by a sinister looking figure surrounded by dials who sat at the entrance. Imaginative scenes on the outer planets were faithfully portrayed from the designs (we believe) of one of the patients in the ward. It was a remarkable and awe inspiring experience. *Job* was full of real Christmassy decorations, while *Luke* was a "Racecourse": how many betting slips were hung aloft we could not begin to count. They dangled from the ceiling like the ciliated epithelium of some portentous bronchial tree, and there on the ground were " Frisky " and " Francasal " ready to gallop away with your last shirt !

In the Medical Block more excitements met the eye. *John and Miriam* showed many varied cartoons after the style of "Giles" ; indeed each bed appeared to have a drawing appropriate to its occupier. In *William Gull*, despite the late hour of our visit, we already sensed the feeling of the " Morning After the Night Before."

In *Caleb and Diplock* the children lived in a whirl of excitement with toys, decorations, models and balloons abounding with that chaotic profusion so dear to the infant mind. Undoubtedly one of the high spots was to be found in " La Perfumèrie " which disguised, in a most decorative way, the efficient walls of *Mary* Ward. A gigantic poster from Yardleys which occupied the entire wall at the end was a most striking feature of the whole elegant scheme. Many a woman's heart must have leapt to spend Christmas in such a cosmetic paradise ! Across the way was "Genevieve"—in fact two "Genevieves," one in *Bright*, the other in *Wilks*. Rarely can ingenuity have reached such heights or bedpans masqueraded so effectively as motorcar radiators on dear old crocks. " H.M.S. Victoria " decorated in true nautical style, was found in the maternity wards. How satisfactory to be born at sea, we felt, as we made fast to the landing outside. The " Theatre Land " of *Addison* was a truly exciting sight with play bills and box office to complete the picture. " Humpty Dumpty " was there too. Down below in *Ruth* we found " Goblin Market." Indeed one of the patients staring at us from a bed proved to be a goblin herself—trying out the comforts of Christmas at Guy's. *Barnabas* next door reminded us of the " Conquest of Everest " with a miniature mountain in the corner to which the footprints of the Abominable Snowman dutifully led us.

There were other decorations too in the Operating Theatres in truly "Gilbertian" atmosphere. The Out-Patient Department and the Front Surgery and York Clinic were a sea of brilliant lights and steamers, while from the windows of Nuffield House tiers of sparkling Christmas trees presided over the park below.

Thirty Years Ago

From Guy's Hospital Gazette, 5th January, 1924.

Christmas in the Hospital. *Queen* and *Victoria*. This concert was held in Queen on Thursday, 27th December. There was a long programme practically composed of " Hospital " talent. Nurse Baker-Jones sang " The Mountain Lovers," while Miss West and Miss Dell gave some recitations. . . . The " Layton Four," with their four small, still voices were much appreciated, and Mr. " Lolly " Forman with his two songs, " The Subbubs," and " Oh ! I *am* Surprised at You," fairly brought the house down.

Sixty Years Ago

From Guy's Hospital Gazette, 13th January, 1894.

Many are the witnesses of operations just now, when the seats are thronged by the newly-entered, but the crowd has been considerably augmented by the presence of an inquisitive and inquiring band, who attended to see the further precautions against sepsis which Mr. Lane has adopted for himself and his dressers . . . . white closely-buttoned mackintoshes are worn, stretching from the neck to the heels, and having short arms—over these is put on a brown holland coat wrung out in one twenty carbolic, whilst careful washing of the hands and arms is as heretofore demanded. This is a double advantage, as it tends more effectually to obviate the carriage of germs into the wound and will aid the tidy man in his toilet, as a blood-spurted shirt-front will become a thing of the past . . .

TREATMENT OF OPEN INJURIES OF THE HAND

A guide to the work of Dressers in the Accident Theatre, Guy's Hospital.

By PATRICK CLARKSON, M.B.E., F.R.C.S.

OVER one third of all industrial and domestic injuries involve the upper limb below the elbow and over 90% of these hand injuries involve the soft tissues only. Some 100–200 hand lacerations are treated each month in the Accident Theatre of the Front Surgery. Because of these numbers great care with even the smallest injuries and a high general standard of result for all cases must be maintained, or serious economic loss can be caused to the local community. A successful primary closure, that is healing by first intention, is the paramount consideration in all open hand injuries, from the most trivial to the most mutilating. In the Preparation Room and Accident Theatre good accommodation and complete modern equipment has been provided for the full treatment of these patients. In this Theatre dressers have the opportunity of becoming familiar with modern plastic techniques of value to their general surgery as well as to their hand repairs.

The management of the patient with an injured hand in the Front Surgery comprises : the Examination, the Documentation and the Treatment.

EXAMINATION

Open clean injuries are never exposed or examined anywhere in the Front Surgery except in the Preparation Room or Accident Theatre. Elsewhere they are kept covered by a sterile dressing.

The examination must be conducted in a good light (i.e. do not stand in your own light). The patient, after reassurance and seated comfortably with sleeves rolled to the elbows, holds out both arms and hands for inspection. Throughout the examination function in affected and unaffected sides is compared. Remember Bunnell's aphorism " The hand extends mechanically to the elbow, and dynamically to the opposite cerebral cortex." On examination of the injured hand, the first question you must ask yourself is, " What is the most in terms of deep structures—of nerves, tendons, bones and joints—which can have been damaged by this particular injury ?"

You must have an automatic and rigid drill by which the integrity of each of the long flexors of the digits (9), plus the six separately demonstrable long digit extensors, and the integrity of the median, the ulnar, and each of the digital nerves, is demonstrated in each case. It is extremely easy for cut flexor tendons to be missed unless the integrity of each long tendon is thus separately tested. This holds also for the extensors, of which the most commonly missed injury is a divided extensor pollicis longus. Pain and tenderness in a damaged neighbouring bone or joint may simulate a tendon injury. It is also not uncommon for open injuries of the M.P. joints by blows on the knuckles to divide the long extensor tendons, and for the loss of power of extension so caused to be missed on casual examination. Rank reminds us that both " finger tension " and " finger posture " are altered after division of any of the long tendons to a finger. Bunnell also states, with special reference to the index finger, that " it is good to feel." The patient may not do so properly again if the division of his digital nerve is overlooked and is not repaired.

DOCUMENTATION

Today, it is no longer possible to treat a patient properly, and with full regard to all his interests, without full clinical documentation.

The documentation of the injured hand is done on a standard pro forma (the White Accident Card) in which both positive and negative points are made for each case. Such pro formas lessen the chances of important omissions. They also make possible the consolidation and analyses of case records, with some hope of learning something from them. These cards (even those of the most trivial injuries) have often to be produced months later in court where—if inadequate—they can adversely affect the interests of the patient and the reputation of the Hospital. Full quantitative and anatomical observations should be made on each case. That is, measure the laceration, and state the anatomical layers involved (e.g. " transverse laceration R2. 3 cms. volar surface mid. phal. Skin and subcutaneous tissues only involved.")

The advantage of a line diagram in hand injuries is stressed. One diagram of the injury is made on the White Card and one in the Operation Book. There should also be a line diagram of any positive X-ray findings. Note also the value of photography in the clinical documentation of hand injuries, and of developing clinical photography as a personal hobby. Follow up notes on all cases are made in the Accident Book for the information of Dressers. These, and the Accident Cards (filed alphabetically in the O.P.O. Room), should be consulted by the Senior Dressers concerned, who should also make appointments to see their own cases from time to time in the Back Surgery.

TREATMENT

The treatment comprises :

THE ANTI-INFFCTIVE MEASURES
Toilet—primary and secondary.
Local Analgesia.
Excision and/or Debridement.
Hæmostasis.
THE REPARATIVE MEASURFS.
Closure.
Dressing and Immobilisation.
Maintenance and Recovery of Function.

THE ANTI-INFECTIVE MEASURES

Sera and Antibiotics. 1500 units of A.T.S. are given routinely to all breaches of surface; except to patients with a history of eczema, asthma or urticaria; except to those who have been in the Services and had active immunisation ; and except to those who have had A.T.S. in the past 2 weeks. A.G.G.S. is only given when muscle is exposed and contused. Penicillin is only given prophylactically when contamination has been gross, or when the exposure at operation has lasted over 30 minutes.

THE TOILET. The primary toilet comprises thorough bathing with soap and water or better still, 1% C.T.A.B. or Bradasol, for 10–30 minutes for each case. The commonest fault in the treatment of hand injuries in the Front Surgery in the past has been inadequate toilet of the part. Care is taken to avoid maceration and to keep watch for hæmorrhage.

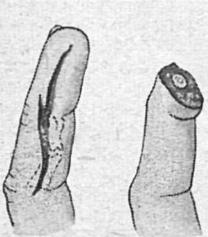
This primary toilet is done by the patient himself sitting with a bowl of 1% warm C.T.A.B. using the sound hand to clean the injured one (and wearing a mask). The toilet must include a cleaning of the nails as they harbour grease and bacteria which can reinfect the surface of the wound. At this preliminary stage, rings and other encircling structures must be removed from the hand and fingers.

The secondary toilet, which may include use of a C.T.A.B. or of Roccal (for its effect on gram-negative organisms) and sponging of raw surfaces, is done after the local analgesia. Very rarely scrubbing of raw surfaces may be necessary if dirt is ingrained.

LOCAL ANALGESIA. General anæsthesia is reserved for apprehensive children ; all other cases are done under local analgesia. Confidence on both sides is necessary for the best results in local analgesia. Say " You will just feel a small prick " a moment before the first injection and do later injections into already analgesic skin. Test analgesia by light pin prick saying " Is this sharp or blunt ?" not " Does this hurt? ". " Oblivon " is useful for an apprehensive patient.

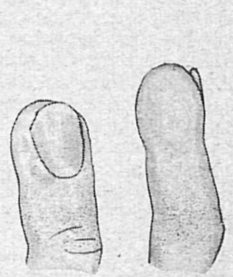
Local Infiltration. This may be used for superficial dorsal and palmar cuts. A nerve block—of finger or wrist—is better for most other digit and hand injuries.

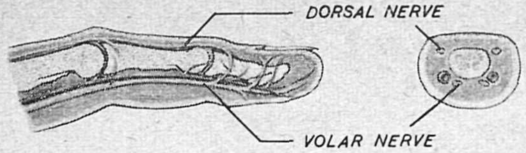
1. *DIGITAL RING BLOCK.*



INDICATIONS

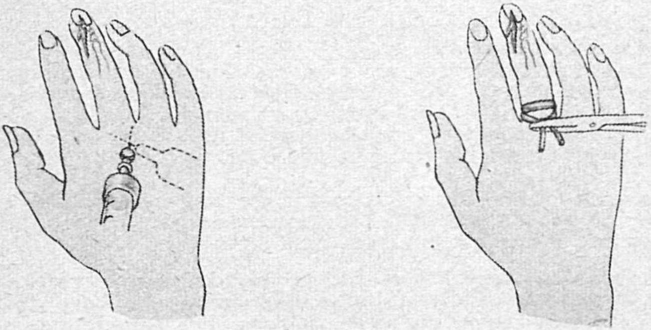
For lacerations of digit, particularly those with tendon or bone damage ; for amputations ; for pulp space infections and paronychias.





Ring Block of Fingers. A fine needle is inserted over the middle of the dorsum of the M.P. joint. It is passed anteriorly on either side of the base of the phalanx infiltrating 1% novocain or xylocain* until the point can be felt under the volar skin. 2 cc. is used on each side. *Do not add adrenalin for ring blocks ;* it produces a risk of thrombosis of the arteries. Up to 5 minutes is awaited for full analgesia.

(*1% zylocain is used for repairs likely to take more than 30 minutes.)



TECHNIQUE

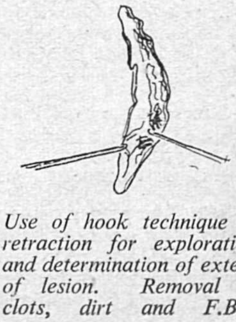
Use finest needles. ADRENALIN MUST NOT BE USED. Inject in the mid-line dorsally at the level of the knuckle. Pass the needle forwards on each side of the joint until the point can be felt under the palmar skin. Inject 2–5 cc.'s on each side in this manner.

Apply tourniquet and WAIT FIVE MINUTES before testing anæsthesia by pin-prick.

Wrist Block. Block the median with 5 cc. of 2% novocain (1000 units of hyalase can be added with advantage) inserted deep to the palmaris longus at the proximal wrist crease. The ulnar is blocked with 5 cc. inserted under the postero-medial border of flexor carpi ulnaris just above the pisiform. An easier site for the block (and one free from risk to the artery) is behind the medial epicondyle of the elbow. Palmar branch of median, dorsal cutaneous of ulnar and the radial, are picked up with a circular subcutaneous infiltration around the wrist using about 5 cc. on both front and back aspects. Again wait 5 minutes for the effect.

Tourniquet. In most cases it is best, when the local has been inserted, to apply a small tourniquet around the base of the finger or fingers ; after a wrist block an Esmarch bandage may be applied about the wrist. This permits a very meticulous wound toilet and repair in a clean field. (See Hæmostasis.)

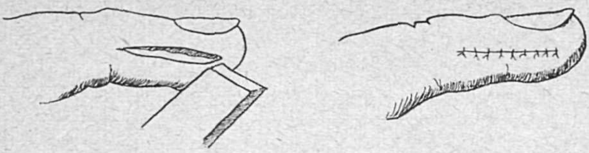
EXCISION AND/OR DEBRIDEMENT. After analgesia the first step in the operative treatment of hand wounds (as in wounds elsewhere) is the *exploration and determination of the anatomical extent of the lesion.* Gillies' hooks are used for retraction of edges and exposure of deeper layers. At this stage clot and foreign bodies are removed.



Use of hook technique in retraction for exploration and determination of extent of lesion. Removal of clots, dirt and F.B's.

1. *LACERATIONS (as with a chisel)*

For EXCISION and ACCURATE CLOSURE



Sutures at about 4 mm. intervals.

Toilet, followed by 1 mm. excision of contaminated skin to give non-bevelled edge which can be accurately apposed.

Healing complete in 6–10 days.

Excision. (As the word implies this is the cutting out of the margins of the wound.) It is recommended for all lacerating injuries with unbruised margins. These constitute 70–80% of our Front Surgery cases. Excision should include about 1 mm. of skin and should produce a non-bevelled edge for accurate apposition. It is best done by sharp pointed 4½″ ophthalmic scissors using Gillies hooks to steady the skin edge, which has been first mobilised for 1–3 mm. by passing a No. 15 B.P. blade under it. Only devitalised and contaminated deeper tissues are excised and scissors are used for this.

Lacerating injuries not needing excision are the non-bevelled cuts caused by clean sharp instruments to clean hands, seen in less than 6 hours after injury. These can be sutured after a thorough toilet.

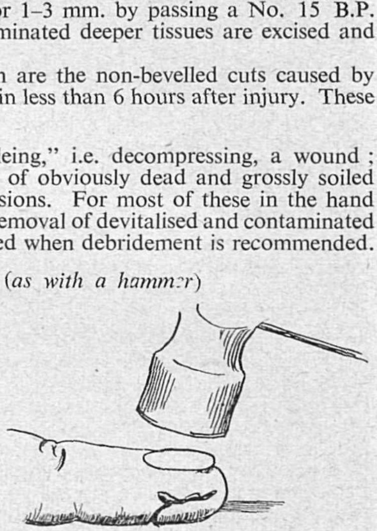
Debridement. (This word implies "debridleing," i.e. decompressing, a wound; but it includes thorough toilet and removal of obviously dead and grossly soiled tissues.) It is recommended for open contusions. For most of these in the hand decompression is not needed, and the simple removal of devitalised and contaminated tags plus thorough toilet is all that is indicated when debridement is recommended.

2. *OPEN CONTUSIONS (as with a hammer)*

FOR DEBRIDEMENT AND LOOSE SUTURE.

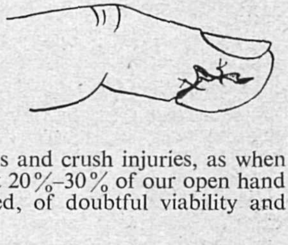
Split injury with diffuse bruising of whole pulp. Toilet and removal of dead tags only, followed by loose suture.

Healing takes 10–21 days. If accurately and closely sutured the bruised edges will slough and healing will be indefinitely delayed with increase in scar tissue.



N.B.—Those parts of the nail which are detached from the nail bed should be removed.

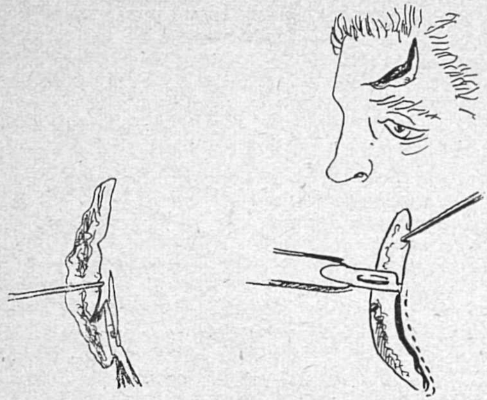
The dressing comprises adequate dry gauze + P.O.P., with the finger semi-flexed. It is left for 10–20 days in the ABSENCE of PAIN, and FEVER, and if not SOAKED or SMELLY.



Debridement is the procedure for the open contusions and crush injuries, as when the pulp is split by a hammer. These constitute about 20%–30% of our open hand injuries. The surrounding tissues are widely bruised, of doubtful viability and subject to progressive œdema.

The Nail. The proper management of the nail in a wound involving the nail and pulp is still an open question. The best rule is probably to cut the nail back 2–4 weeks, i.e. 4–6 mm. This allows healing at the nail bed edge between it and graft or flap, to be undisturbed by pressure of a growing nail.

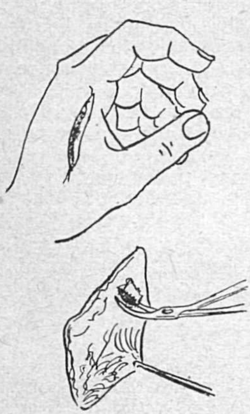
Notes on Wound Excision and Debridement. The object of excising a wound is to remove non-viable, contaminated and potentially infected tissues. By, in addition, producing non-bevelled skin edges that can be accurately apposed, it ensures the most quick and quiet healing possible ; that is, in lacerating injuries of the hand complete healing with a minimum of scar tissue within 7 days on the dorsum, and in 7–14 days on the volar surface. Unexcised wounds may develop abscesses causing secondary loss of tissue and/or systemic infection. At best, even clean cuts when not excised too commonly show patchy scabs, areas of partial breakdown and slower healing broader scars.



Excision of 1 *mm. of skin edge with sharp pointed scissors, using hook to steady edge, or as in* (*b*2) *after undermining with No.* 15 *B.P.*

Open contusions are not recommended for complete edge excision and close suture, as the amount of tissue loss is not at first possible to assess, and because they are subject to progressive œdema for about 2 days. Close sutures cause edge necrosis. Healing is always slower than in lacerating wounds, 14–21 days as compared with 7–14 days.

HÆMOSTASIS. During exploration and excision bleeding will be troublesome and the field is obscured unless a tourniquet has been applied. On release of the tourniquet after exploration and excision, dry gauze pressure for 2–5 minutes with the hand elevated will generally control the bleeding. Hæmostats should be applied to spurting vessels persisting after this. If they still bleed after twisting they should be tied off with three 0 or four 0 catgut, or fine silk (never use thicker catgut than three 0 in the hand). The tourniquet may then be reapplied for the closure and the dressing. Manual pressure over the dressing is re-applied for 2–5 minutes again after the tourniquet's final removal.



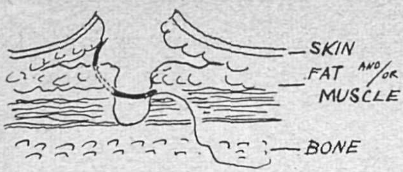
Excise only soiled and devitalised tags in deeper layers.

THE REPARATIVE MEASURES

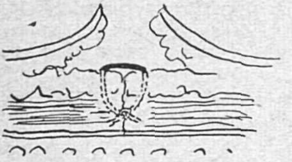
CLOSURE. The available methods of closure in the hand—as elsewhere in the body—are :

1. *Approximation* of edges (with or without undermining).
2. *Flap* (local or distant).
3. *Free Graft* (split skin or full thickness skin grafts).

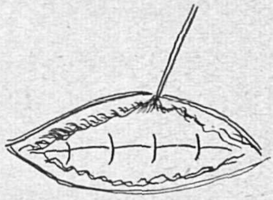
Lacerations. The great majority of lacerating injuries can be and are best closed by simple approximation.



DEEP LAYERS. The skin suture line must lie over an even bed of fat or muscle, therefore a layered closure may be necessary to prevent scars being depressed or adherent to bone.



000 *atraumatic interrupted catgut to approximate subcutaneous bed under suture line.*



Suture inserted so that knot is in deep surface of subcutaneous layer.

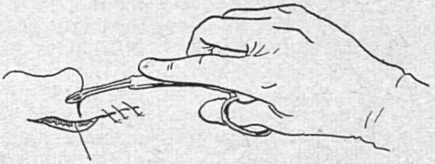
Fairly widely spaced fine interrupted catgut sutures. (They contribute little to tensile strength of wound).

There are two " Musts " about these closures. They must be *without tension.* They must *obliterate dead space* ; or, as Rank says, the opposition should be exact at all points and planes and without impediment to the local blood supply.

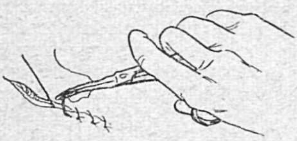
To obtain a closure without tension it may be necessary to undermine the skin edges, even in cases without tissue loss caused by the injury. In most cases undermining for up to 1–2 m.m. (less on the fingers) will make two advancement flaps which will close the wound. In pulp and palm this should be done with particular caution, as excessive undermining here very easily produces necrosis of the skin edge. Where there has been tissue loss, as in amputation through the pulp, an alternative method of closure, i.e. by free graft or by flap, must be used. For skin closure in the hand use either fine silk or fine nylon, preferably on atraumatic needles, and of calibres not coarser than two or three 0. Take bites of 3–5 mm.

SKIN CLOSURE.

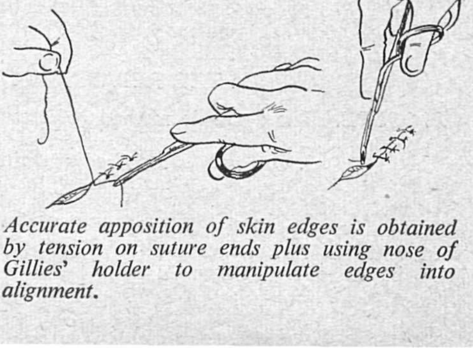
Use fine silk, e.g. three 0 *serum proof silk to obtain an absolutely accurate edge approximation.*
Handle the tissues with Gillies' hooks or fine forceps placed on the dermis and subcutaneous tissues only. Never squeeze the full thickness of the skin edge with dissecting forceps.



Edge is steadied with hook, and needle inserted with Gillies' holder held in full pronation so that it transfixes edge at right angles. A suture so inserted prevents edge inversion when it is tightened.



Edges transfixed separately. Bites are taken of 3–4 *mm. in depth and width of tissue and* 3-4 *mm. apart.*



Accurate apposition of skin edges is obtained by tension on suture ends plus using nose of Gillies' holder to manipulate edges into alignment.

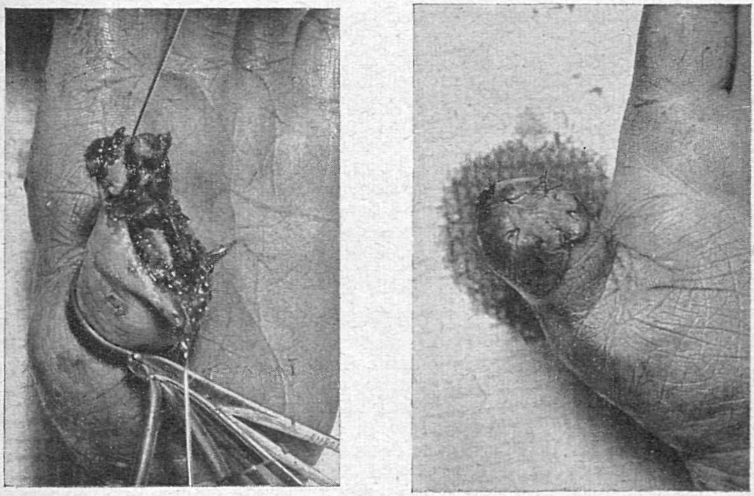
in depth and placed about 3–5 mm. from the skin edge. Insert the needle, using a Gillies needle holder, with the hand in full pronation and steadying the skin edge with a hook. Each side is transfixed separately. The suture then passes at right angles into and through the skin. A suture so inserted prevents inversion of the skin edges when it is tightened, and ensures accurate edge apposition. The sutures are inserted at about 3–5 mm. intervals.

Open contusions. Unlike lacerating injuries which after thorough edge excision are best closed with accurate apposition, in open contusions the closure is lax with only sufficient sutures to maintain flaps in anatomical position.

TRAUMATIC AMPUTATIONS OF THE FINGER TIPS. At primary repair in hand injuries the principle is to conserve all viable tissues which have a useful future. Choice of method in most cases of traumatic finger tip amputation rests between a thin split skin free graft cover and a thenar (or palmar) flap. Full thickness free grafts in ordinary practice seldom " take " ; the result is commonly a black adherent slough which takes weeks to separate and then leaves a conical tender stump.

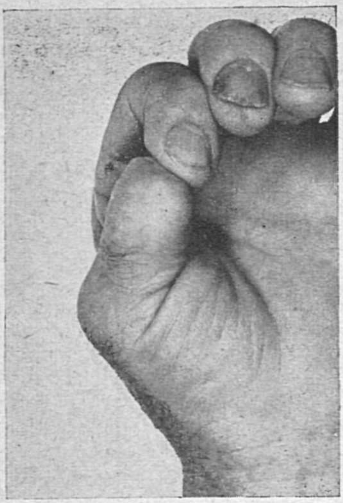
Flaps from the palmar of thenar eminence are generally better than more distinct flaps as they give a repair by like tissue (and the return of sensation is quicker and fuller in these flaps). Other methods of repair are : resuture of the amputated part or proximal amputation. Resuture is always done if the lost portion is available and does not include more than half the distal phalanx. Proximal amputation at primary repair is reserved for those cases in which extensive proximal injuries make a repair of the pulp impractical or a waste of time.

THIN SPLIT SKIN GRAFT COVERING FOR TRAUMATIC AMPUTATION OF STUMP OF THUMB



a) Amputation of left thumb in an old man. A short term method of repair is acceptable for him. Note the tourniquet and the use of Gillies' hooks to retract tissue exposing the base of phalanx.

b) Skin graft sutured in position. Note that a local flap has been used to cover exposed bone in stump.



c) Result. Healing was complete in 3–4 weeks giving a supple stump of good function but with some deformity of nail.

Pulp amputation without fracture. On this soft vascular pulp bed a free graft may be expected to take uniformly and be stable. Under local, about 2–3 sq. cm. of split skin is cut by a Blair blade from the forearm. If the nail forms one border of the defect it is cut back a month, i.e. 4–6 m.m. Suture the graft, with excess over-lying the edges of defect, to the margins of the pulp. Cover with tulle gras, and moulded pledglets and layers of dry gauze. Fix with gauze bandage reinforced with strips of zinc oxide strapping, or by tubegauz. The end result of a split skin as compared to a full thickness skin graft may be inferior cosmetically, but is a much more reliable method and is therefore the primary repair of choice in the Accident Theatre.

Traumatic amputations through terminal phalanx. These are best treated by covering the stump with a flap—thenar, cross arm, or thoraco-digital. That is, they often need in-patient treatment, although a thenar or palmar flap which gives the best repair for most cases can be safely done on selected out-patients. A free graft may be used for some of these stumps. Unless the stump of phalanx is shortened the end result is commonly an adherent, tender, and unstable graft, where it lies on bone. For this reason a later repair by flap may be necessary. Shortening of the anterior aspect of the phalangeal stump by 2–3 mm. (which seldom impairs late function or appearance) will permit cover of the bone by a flap of pulp which is sutured to the nail bed. If this soft tissue stump is then covered primarily by a split skin graft a good quality stable repair may be obtained. This thin split free graft cover, after anterior phalangeal shortening, may be used for the medial three digits or any digit in a very elderly patient.

REPAIRS OF NERVES AND TENDONS. It is important to recognise injuries of digital nerves as they are readily repaired and recovery of digital sensation is essential to the full function of the hand. Exposure and mobilisation of the nerve trunk for some centimetres on either side of the point of division (through mid-lateral incisions) may be necessary to obtain approximation which is maintained by flexion of the digit for 3 weeks.

A hand lens is valuable in these dissections and in guiding the needle through the delicate perineurium. The nerve ends are cut flush with sharp pointed scissors, and are approximated with three finest silk atraumatic sutures (six 0 silk). These sutures engage only the perineurium.

The primary repair of flexor tendons cut in "no man's land" between transverse palmar creases and midvolar creases of digits is a specialised procedure. This repair is the chief exception to the general rule that *deep repairs are best done at the same operation as the primary skin closure.* These flexor tendons are treated by skin suture only, leaving repair of the tendons to a later operation, when a palmaris free graft is used after clearance of the contents of the fibrous sheath up to the point of distal graft—tendon suture. Divided extensor tendons are repaired at primary operation. This can often be done in the Front Surgery. It is recommended that the method of Cuneo, using serum-proof silk sutures, be adopted (two 0 deknatel silk). In this method the suture is passed in and out through about 1 cm. on both sides of the tendon. The digit is then immobilised in the position which maintains approximation of tendon ends for 14–21 days. On the back of the fingers the figure of eight skin suture of Bunnell taking skin and tendon ends may be used.

DRESSING AND IMMOBILISATION. Dry healing is better than moist healing. To obtain this a composite dressing is used. The first layer is one of non-greasy tulle gras on the suture line, or of " Nu-San." This makes the first post-operative dressing painless, and harmless to the wound edges. On top of this fairly copious dry gauze, cut and moulded in layers to the part, is applied. Compression over this by dry gauze bandage and zinc oxide strapping may be used, but " Tubegauz " provides a more efficient fixation and pressure. It is more secure, less liable to catch in machinery and is cheaper. Note the convenience of having 6" strips of ¼" zinc oxide strapping ready on the trolley before starting the operation. Post-operative elevation is valuable (by safety pin fixation of the coat sleeve to the opposite collar). Whenever possible, particularly when an operation has been done under tourniquet, the dressing after any hand operation should be arranged so as to permit inspection of the finger tips. But this is of course not practicable in finger tip repairs. A light plaster of paris shell is a valuable addition over the dressing of open contusions ; it may be left unchanged for 14–21 days.

It should be axiomatic in the treatment of injured and burnt hands that post-operative pain means that something is wrong with the treatment and that a complication has occurred. The dressing must be taken down and the part inspected without delay. In practice a hand dressing is changed : in the presence of unexplained pain or fever ; if it is slipped, soaked, or smelly ; when healing is expected and the sutures are due to come out (7–14 days). The patient is told to attend the Back Surgery the day after operation. If all is well he comes back again a week later.

Trials are being made of " Nu-San," aluminium foil, nylon No. 8, and Manchester Cotton as intimate dressing materials. Some of these materials are water vapour permeable and water fluid impermeable, to some extent ; the nylon is transparent and smoother and more atraumatic on removal than some of the others.

The position of immobilisation for the injured digits is with the M.P. and I.P. joints somewhat flexed and the wrist extended. Extension of the wrist is the key, as with the wrist extended the other joints of fingers automatically come into the position of function. The exception is the fixation after extensor tendon injuries, when the digit may be fixed in extension.

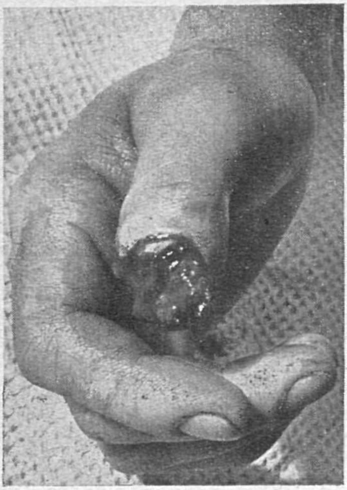
An important general principle in the treatment of hand injuries is that healing must precede function ; this means that the affected digit should always be rigidly immobilised for at least a week, and in some cases for longer.

MOVEMENTS : REHABILITATION. Most of the injuries which we treat do not need immobilisation of the whole hand. In all cases it is wise to preserve from the start the full range of active movements of uninjured digits. Some degree of supervised active movements of the affected digits can and should be started for most patients by the end of the first week. These movements should be progressively increased.

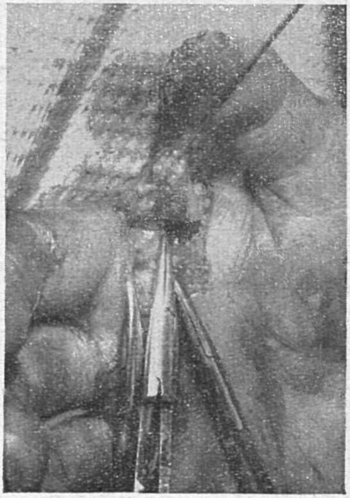
Remember the teaching of Professor Whillis that injured patients tend to develop a " pattern of injury " in their minds, i.e. they produce, reflexly, faulty muscle mechanisms and postures to prevent the reception in the brain of pain stimuli. They must be encouraged throughout to use only " normal " movements and positions of the hand. Particular care should be taken to see that they understand the importance of their avoiding faulty postures of wrist and fingers, elbows and shoulders.

In every severe injury, the patient must fully understand and have fully explained to him repeatedly the stages along which his treatment and return to normal is planned. The patient's confidence in his doctors (i.e. the dressers) is what determines his degree of co-operation, and controls the incidence of compensation neurosis. In severe injuries the primary consultation is of special importance. A patient's reaction to a proposed long-term plan of plastic repair may determine the alternative choice of primary amputation.

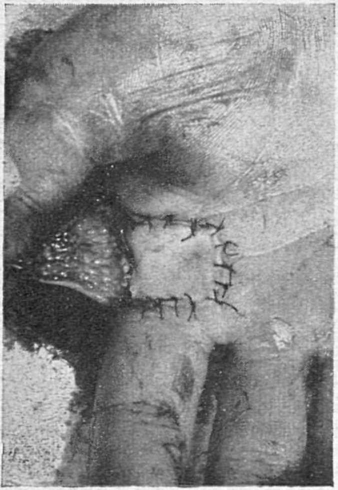
REPAIR OF TRAUMATIC AMPUTATION OF RIGHT THUMB BY PALMAR FLAP



a) Stump involves nail and bone and needs a flap of 'like' tissue for the most stable repair of best function.

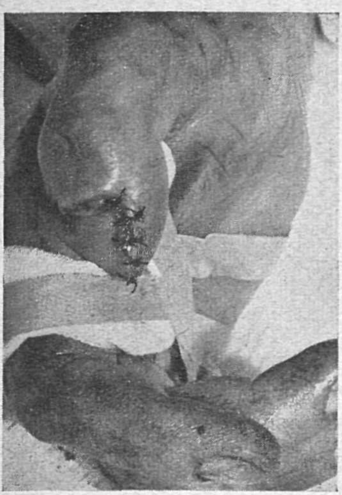


b) Palmar flap cut at base of left thumb from pattern of defect.

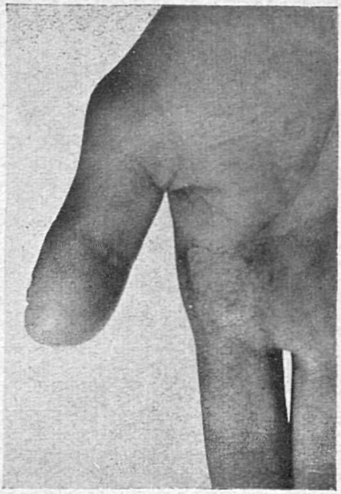


c) A meticulous repair by a full thickness skin graft cut to accurate pattern, is done for the secondary defect.

Repair of traumatic amputation of right thumb by palmar flap (continued.)

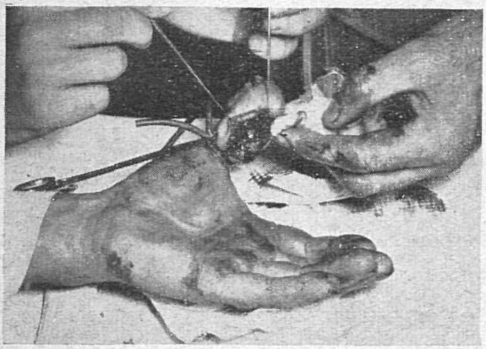


d) The flap is sutured into position over the thumb stump. Its base is divided two weeks later.

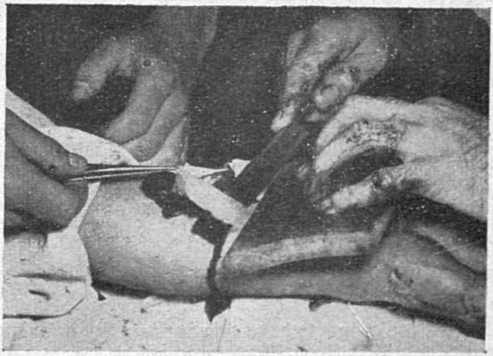


e) Result. This is a supple well sensitized thumb tip of normal convexity.

CRUSH INJURY OF THUMB WITH SOFT TISSUE LOSS AND FRACTURE

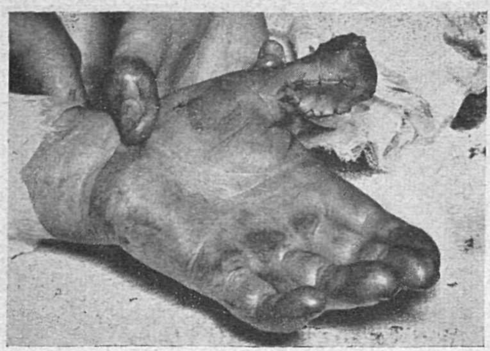


a) The thumb was caught in a power press, splitting the pulp and proximal tissues and causing gross comminution of terminal phalanx. A thorough toilet with removal of grossly soiled and obviously devitalized tissues comprised the 'debridement.' The defect could only have been closed by approximation by gross tension on the neighbouring tissues, an alternative method had to be adopted.



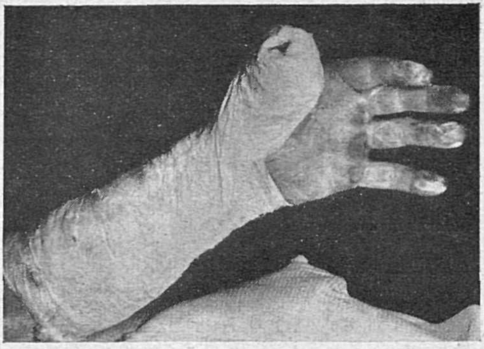
b) Cutting the thin split skin graft by hand from the forearm.

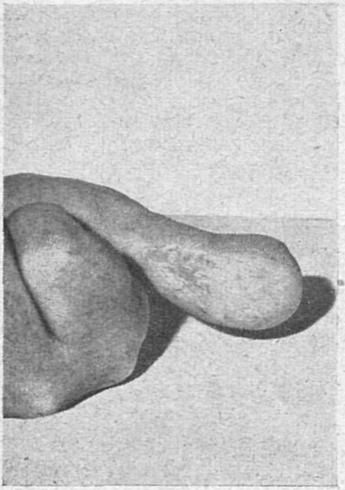
Crash injury of thumb with soft tissue loss and fracture (continued.)



c) The skin graft sutured in position.

d) Plaster of Paris and dry gauze dressing left undisturbed for three weeks.





e) Result. Healing is soft and supple, but the graft is yellowish and not fully sensitized.

All the cases illustrated here were treated throughout as out-patients at Guy's Hospital.

It is a pleasure to have this opportunity of acknowledging the kind and expert help which Miss Sylvia Treadgold and Mr. C. E. Engel have so consistently given, by their diagrams and photographs, to the teaching in the surgeries.

CHRISTMAS COMPETITION FOR PATIENTS

The results of our Christmas competition, which brought entries from a good many wards in the Hospital. The prizes have been awarded as follows :—

Mrs. Alice Newton	*Queen*	Lady's Prize
Sister Mary Raphael, O.S.B.	*Bright*	
Mr. A. G. R. Britten.	*Job*	Gentleman's Prize
Linda Webb.	*Caleb*	Consolation Prize

We warmly congratulate all the prizewinners.

The winning entries are printed below. The *Gazette* also acknowledges interesting and entertaining entries from :

Miss E. Stringer	*Mary*
Miss E. A. Tattersall	
Mrs. B. Hildreth	
Mrs. Dorothy Leadbitter	*Bright*
Mrs. L. Rogers	*William Gull*
Mr. H. J. Ruby	*Addison*

From MRS. ALICE NEWTON

Queen Ward

Have you ever spent Christmas day in hospital ? If not, you may have heard about it—so had I, but December 25th, 1953, was my very first experience of Christmas as an in-patient.

We were "called" at 5.20 a.m.—approx. one hour earlier than usually—with instructions to get washed and beautfied in honour of the Carol Singers due to arrive at 6 a.m. When Night Sister entered at 5.45 a.m. to wish each one of us, individually, a "Merry Christmas," we looked as neat and tidy as a new pin. The atmosphere seemed charged with expectancy as we waited in the beautifully decorated, dimly lit ward. Soon we could hear the Carol Singers in the distance, and as their voices became louder, we realised they were approaching our ward. As the procession, comprising Nursing and Medical staff reached the ward, all the lights were switched off, and the singers proceeded in darkness. In my opinion, the most festive scene was the choir gathered round the Christmas tree bathed in fairy lights, showing off to perfection the red lining of the capes, displayed only on Christmas day. Listening to the ever-young and ever-popular Carols, I recognised quite a number of familiar faces, but exchanged greetings only with one or two Nurses who managed to "spot" me in passing my bed.

When the singers had moved on to the next ward, I could not help smiling to myself : what awful waste of extra layers of make-up, special hair-do's, new bedjackets etc., considering the ward was plunged into darkness at the crucial moment !

The Night Nurses next duty was to "deputise" for Father Christmas by presenting each patient with a stocking filled with many useful little gifts. It is obvious they were not picked at random but chosen with great care ! Finding a soap dish among her presents, a lady of 86 was highly delighted and exclaimed in broad cockney : "It's lovely—what is it ?"

The moment every child longs for impatiently had at last arrived : we opened our parcels ! I was particularly fortunate and had not finished unwrapping my numerous presents when breakfast was served on attractively decorated trays. Surrounded by three bedtables housing my many Christmas cards, flowers and parcels, Nurse "rescued" me from "suffocation" under all the wrapping paper, twine, etc., that had now become obsolete. I discovered later that in the excitement I also disposed of most cards, and shall have to rely on my bad memory when thanking friends for their gifts. It seems my supply of soap and bath cubes is secured for the next three months at least. Particularly the latter, since I am not very likely to have a bath for some time yet ! Perhaps I ought to explain that I have been in bed for a long period. One of my friends is optimistic though, she sent me a pair of slippers ; may be it will prove a good omen !

When Sister came on duty she very kindly brought her wireless, enabling us to listen without the usual discomfort of earphones.

Very soon the ward was buzzing with a continuous flow of spectators, admiring (or mentally comparing) our decorations. Not being one of the fortunate patients who were able to visit other wards, I am not in a position to judge. However, I am certain that no other ward could have chosen a more appropriate theme than QUEEN—The Commonwealth Tour ! Masses of pale blue balloons representing the sky were a most original and effective feature.

Shortly before lunch the housemen put in an appearance ; their respective stockings were taken off the tree and presented to them immediately. Items such as toy whistles and hair curlers were "just what they had always wanted !" One of them served the sherry, carrying the tray with such aptitude as one would only expect to find in a liner's steward.

The delicious dinner consisting of turkey with all its appetising trimmings—including chestnut stuffing—followed by Christmas pudding and mince pies was excellently prepared and I only regretted not having a healthier appetite to do justice to all those delicacies. Crackers were pulled and little verses read, which added to the general merriment.

Some of the "Twilight" duty Nurses had not troubled to go to bed, and the lack of sleep coupled with excitement began to tell on them. However, judging by the hilarity and shrieks of laughter coming from the Staff's dining-corner (one section of the ward), they thoroughly enjoyed their dinner and had plenty of fun clearing the tree of its presents, although the male deputation consisted of one registrar plus one dresser only. Never before have so few amused so many, so effectively.

Every time the door opened I looked up expectantly—I was not disappointed. All the Nurses who had ever been on this ward during my stay visited me to exchange greetings, and I enjoyed a little chat with one or the other.

Just before 3 p.m. all activity ceased, and everybody who happened to be in the ward at the time crowded round the radio set to listen to Her Majesty's speech. With ears glued to the wireless each one of our little gathering seemed to miss most keenly our own family circle—I cannot hope to describe the impact of the Queen's broadcast—everybody who heard it is sure to have felt it.

To everybody's amusement, five ward clerks in grey toppers with binoculars slung over their shoulders casually, pushed in two wheelchairs carrying patients dressed up as jockeys ; this party was followed by another " jockey " complete with riding whip.

The Christmas cake covered in pink icing was carried round the ward before being cut. " Up " patients with their paper hats on had a little sing-song in front of the fire, lead by the " baby " of the ward, the 86 year old cockney. At first she refused to sing " without her music " but eventually, with a little encouraging clapping, she relented.

By supper time very few patients were able to eat anything, but I was spoilt with a tit-bit of cold turkey before the bone-picking party started in Sister's office.

Finally, with Carol singing by candlelight, the Nurses brought to a close this long day, packed with surprise and excitement.

From SISTER MARY RAPHAEL, O.S.B.

Bright Ward

My Christmas Day began at two in the morning, just as the sisters of my Priory were going to their rest after our long night service. I was thus able to complete their vigil, and found myself in spirit in the heavenly places where they had been singing the praises of God since half past nine on Christmas Eve.

Then at seven I emerged into the public life of Bright Ward to spend *its* Christmas, ushered in by lovely carols sung by a long procession of Sisters and nurses through the beautifully decorated ward.

In the meantime I had discovered a large stocking filled with all kinds of feminine commodities, a gift from the ward. Soon our Sister and the day nurses appeared, and we all expressed our mutual good wishes.

My section of the ward flitted into the other part for the day, so that we could be more united in our Christmas cheer. This gave opportunities for the ambulant patients, of visiting less familiar bedsides and showing round their Christmas cards.

The wireless regaled us to a carol service from a church in a Warwickshire village. We joined in the singing in a ring round the fire, Sister, nurses and patients. Let me not forget the tall and pretty Christmas tree at one end of the ward. At its foot were a number of parcels, presently to be distributed by Father Christmas. He soon appeared in a modest unobtrusive manner and graciously handed his gifts to Sister and the ward nurses. He then withdrew as quietly as he had come.

Need I describe the sumptuous Christmas dinner, which those on a normal diet greatly enjoyed, not without a touch of pity for those not so highly favoured.

Then followed the siesta, a semi-slumber interwoven with dreams of youth somewhere exulting round a Christmas dining table : the mingled mirth of maidens and young men . . .

At various times of the day we were taken in groups round some of the other wards. Each one looked very interesting and distinctive in character. We ourselves received visitors from the other wards, among them trolley loads of small boys and girls. All had smiling faces and Christmas wishes on their lips.

Tea in Bright Ward had to be seen and tasted to be believed ; and every now and then a chair would be drawn up for a casual nurse or student visitor, inviting them to a share in our super abundance.

I am truly sorry to be obliged to pass over " Genevieve." But my words are running out, and moreover my education along her lines has been sadly neglected.

And now I come to an informal singsong after supper with Sister and the nurses. This gave a chance for musical talent to shine, and shine it did. We had not tired of listening to the jolly tunes of songs old and new, when it was time for the last carol and night prayers.

So this unforgettable day ended on the same note as it had begun. Both its prayer and its fun were meant to do honour to the Divine Child, who is " Alpha and Omega—the Beginning and the End."

From MR. A. G. R. BRITTEN

Job Ward

When my friends learned that I was to have an operation at this time of the year, they all looked profoundly shocked and murmured, as though all hope had gone, " But you'll be away for Christmas." If these same friends had seen us all here in Guy's on Christmas Day they would have realised that Christmas in hospital is not a matter for sorrow but an occasion for rejoicing.

The thing that impressed me most was the way in which the whole hospital staff—doctors, nurses, students and orderlies—worked with such zeal and goodwill to make sure that the patients had a really good time. The first results of these efforts were the decorations which transformed the ward overnight and changed it from a cold, impersonal, surgical ward into a scene gay with streamers and bright with colour.

Christmas Day began early with the visit of the nurses, singing their carols in the ward and making a wonderful brave show in their scarlet cloaks—surely a most heartening start to this special day. After breakfast came the time for opening Christmas presents, many of them accumulated by the patients during the previous days. None was left out of this for the Hospital Santa Claus had brought a generous stocking for everyone and in our ward we had three or four children to make it a real family party.

After bed-making and washing, about which the least said the better, there came through the ward a steady stream of visitors—nurses, doctors, patients walking, patients wheeled, patients in ingenious fancy dresses—and, of course, the inevitable students. I found this interchange of visits between the wards most stimulating. One of the trials of a hospital patient is the narrow world in which he lives : he sees the same small group of people every day and it is most refreshing suddenly to see hundreds of new faces appear in the ward—a reminder that there *is* a world outside the four walls of the ward.

We had a wonderful Christmas dinner : wherever possible diet sheets were thrown aside and we had everything from turkey to mincepies and beer for the men. The Queen's Christmas message was broadcast at 3 o'clock and came through remarkably clearly. Mr. Brock joined us for tea and distributed presents to everyone from the Ward Christmas Tree.

This memorable Christmas Day at last came to an end with cold turkey for those who could still eat and the hearty singing of carols by everyone in the ward. One final word—a hearty vote of thanks to the Sister and nurses of Job Ward who did so much for us this Christmas.

From LINDA WEBB (7 yrs.)
Caleb Ward

We had a luvely Christmas Party on the Ward on Christmas Day. All the Mummies and Daddies came to tea and there was a big cake with ice on it.

Father Christmas came and he gave us all lots of nice presents. I got a tea set a big walking doll and a doll's house.

I went to see Uncle Jolly-Boy and the Punch and Judy and Donald Duck. After I saw the Television.

The nurses were dancing and painted the windows. We had lots of nice things to eat and were very tired by 6 o'clock. We were very happy and had a nice time. A Happy New Year to you all.

A VISIT TO GERMANY

By A STUDENT

I stared out of my rain-bespattered cabin window as we touched down at Dusseldorf. Tarmac raced past and the Airport buildings loomed up ahead through ground mist and sleet.

Destination Essen ! At the Kruppsche Krankenanstalten I met Herr Oberarzt Koch.

Koch proved to be the " bed-side manner " personified. Blonde, bronzed with kindly wrinkles and such an unassuming air of knowledge—he was charming. I was to come and live at the hospital with the staff as a privileged guest, I would have certain simple duties to perform, and I must start at 7.45 a.m. tomorrow.

In spite of the fact that Essen is industrial and roaring steel factories fill this centre of the Ruhr valley, Fried Krupp planned his town so that woodlands were within easy walking distance.

What wonderfully pure, clean fresh air ! I woke up every morning at six after a deep refreshing sleep without a trace of tiredness.

My duties were simple indeed. I was attached to the General Medical Ward for Women. Every morning at 8.15 a.m. Koch would do a general round, perhaps covering two wards. Language proved a slight obstacle at first, but interpretation of X-rays, temperature charts and the EKG, (ECG) is the same in any language. After the chief's round, in which all the medical staff participated I returned to the Women's Ward with Frau Dr. Dietrich and Herr Dr. Martini.

Dietrich was a beautiful young blonde from Berlin. Martini, also very young, only qualified nine months ago, had a very handsome dark complexion and a poetic look about his eyes.

After the big round, Frau Dietrich conducted her own round with just Martini and me trailing round behind. I carried the sphygmomanometer. B.P. is taken every day as a routine on the majority of patients, and is entered up on the temp./resp./pulse chart. I never saw the wrist felt in measuring the B.P., the stethoscope being placed over the brachial artery from the start. The thermometers, of course, are all centigrade.

Martini spoke something like perfect English. He was a prisoner of war in England for some months and started his medical studies while over here. He has nothing but praise to offer his English " comrades." His whole face would light up as he described how he had " seen " England—from the inside of a guarded train. Here surely is a case for " Let's not be nasty to the Germans."

I was initiated by Martini in the art of venepuncture. For one whole day I did little else, and counted more than a hundred arms punctured. Dietrich gave me some useful tips on routine examinations of the CNS. I knew something about Babinski before I met Dietrich, but I knew about Oppenheim too when I left.

One day I was introduced to Schuzke, a very determined looking surgeon who immediately offered to show me round the operating theatres in his Gynæcological department, and allow me to watch him operating there.

The theatres are much bigger than ours at Guy's, with white tiles throughout, enormous patent shadowless lamps, and highly polished steel of the finest quality everywhere. In the theatre white rubber galoshes are always worn by everyone.

The only operation I saw was a hysterectomy by the vaginal route, which, I understand, is rarely performed in London. It was due to last 20 minutes, but as tumour after tumour was removed, the uterine artery was accidently cut and blood spurted all over the floor. Sweat poured down the surgeon's face, and more than 90 minutes passed before he relaxed with a sigh of relief, with the woman's womb in his gloved hands.

On the whole, in my very limited experience, it is my opinion that in Germany there are fine operating theatres and wonderful equipment, and that in England there are fine surgeons.

R.N.

CORRESPONDENCE

Letters to the Editor of the Gazette

Residents' Play, 1954

SIR,—Could I use the pages of the *Gazette* to inform your readers that the Residents' Play will take place in the Physiology Theatre each evening from Tuesday, 23rd to Friday, 26th February ?

No charge will be made for seats ; it is hoped that the ever increasing costs will be met, as in the past, by generous donations, and I would be grateful if applications could reach me not later than February 12th.

There are never enough seats to satisfy everyone's requirements and will those who are disappointed please accept my apologies in advance. We will do our best to see that the limited number of seats available are allocated as fairly as possible.

Yours, etc.
JAMES H. KERR,
President of the Residents.

Nursing News

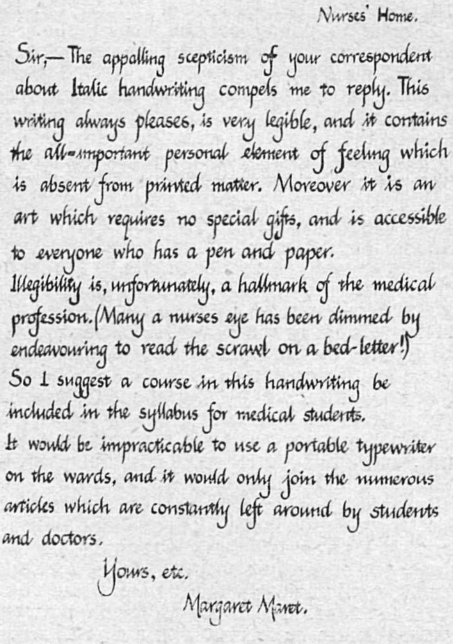
SIR,—The increasing interest shown in the Nursing Staff by the *Gazette* is, I am sure, appreciated by all Guy's nurses.

A few months ago you started publishing the names of new State Registered Nurses, and I have noticed a name or two in the " Papers by Guy's Men." Now that the Sisters' appointments are to be included, the *Gazette* will have added appeal to we who nursed—and are still nursing—at dear old Guy's.

Yours, etc.
ESMÉ WILLIS.
S.R.N., S.C.M.
(*née* Webb).

50, Vicarage Wood,
Harlow, Essex.

The Italic Hand



Nurses' Home.

Sir,—The appalling scepticism of your correspondent about Italic handwriting compels me to reply. This writing always pleases, is very legible, and it contains the all-important personal element of feeling which is absent from printed matter. Moreover it is an art which requires no special gifts, and is accessible to everyone who has a pen and paper.

Illegibility is, unfortunately, a hallmark of the medical profession. (Many a nurses eye has been dimmed by endeavouring to read the scrawl on a bed-letter!)

So I suggest a course in this handwriting be included in the syllabus for medical students.

It would be impracticable to use a portable typewriter on the wards, and it would only join the numerous articles which are constantly left around by students and doctors.

Yours, etc.
Margaret Maret.

SIR,—I liked Dr. Sichel's letter (*Gazette*, 12th December) on the subject of typewriters and allied ingenious aids to Medicine.

Whilst the italic hand is mediæval, it was introduced, for the writing of briefs, in the Apostolic Chancery (1431–47), because of its rapid and clear characteristics. In a sense, it is paralleled in modern times by the introduction of the Japanese Katakana.

Typing, with its " Tap, Tap, Clapper trap—Ping " is dull and wordy.

I remember an immensely tall, red haired Rhodes Scholar from the lone star State of Texas. He could only just sign his name (very badly) as he had been brought up on the typewriter. It cost him ten quid a time for a personal invigilator at each examination that he took.

Let us face it. The typewriter and the linotype have created a modern visual Tower of Babel, and everyone, by bursting into print, is becoming far too clever. Leave typing to the typists for the comparatively few things that *really* require typing.

A common modern periodical is the *Digest*, or peptonised reading. One of them, indirectly and unconsciously, encourages verbiage monthly, by including a feature called, mark you, " It pays to *increase* your word power." !

Yours etc.
P. E. F. ROUTLEY.

Ellangowan,
35, Duddingston Park, Portobello.

SIR,—Far from being mediæval, as has been suggested recently, the script which we now call the italic hand developed from a pre-mediæval hand which was consciously resuscitated during the Italian Renaissance to replace the almost indecipherable and barbarous handwriting of the middle ages.

The many and varied scripts which had developed during mediæval times were regarded as most objectionable by the leaders of that great artistic and literary revival, both on account of their illegibility and, in many cases, their extreme ugliness. Those humanists, therefore, initiated a reform in handwriting, and in copying the classical texts of pre-mediæval times, deliberately copied also the clear and beautiful antique hand in which the originals were written. Furthermore, in time they simplified and modernised the hand for their own use.

As a result of that reform, there arose early in the fifteenth century a powerful movement dedicated to the encouragement of beautiful handwriting, and from the humanistic script sponsored by that movement two main variants developed ; firstly, a strictly formal hand which became the principal book-hand of the day ; and, secondly, an informal, freely written, cursive hand which, among other uses, was adopted by papal authority for the writing of briefs in the Apostolic Chancery (1431). For use as capitals with both the formal and the informal scripts the classical Roman alphabet of the first century (from which, incidentally, the antique hand referred to above had developed in several stages under cursive influences) was adopted without change.

It must be regarded as most fortunate for the future of the printed word that these extremely legible and pleasing hands were in current use at the time when printing was invented, for the formal hand became the model for the first " roman " type (1465), while the informal was the pattern for the first " italic " (1501). Moreover, both kinds of type are in use, relatively unchanged, today, so that we have preserved for us in the best of our modern type-faces (e.g. that in which this letter is printed) the incomparable calligraphic standards of the fifteenth century.

In the land of its origin, because of its official use in the Vatican, the informal script was known as *littera da brevi* and *cancellaresca corsiva*. In the first known English handwriting manual (1571) it was described under the title *Italique hande*.

The bibliography of the subject is extensive, but those who are becoming keenly interested in it (and my daily post suggests that many are) should study especially the works of the two great contemporary historians of typography and calligraphy, Stanley Morison and James Wardrop, starting with their respective contributions to Encyclopœdia Brittanica and Chambers' Encyclopœdia.

Yours, etc.
GOEFFREY EBBAGE.

51, Cholmeley Park,
Highgate, N.6.

REVIEW

A Pocket Obstetrics. By ARTHUR C. BELL, M.B., B.S., F.R.C.S., F.R.C.O.G. Third edition. J. & A. Churchill. *Price* 8*s.* 6*d.*

The third edition of this popular little book is so good that it seems almost unfair for a reviewer to point out what are, after all, minor criticisms. But in case others noted similar difficulties he calls attention to the following : In discussing

"Ante-Natal Treatment" the "General Advice as to Diet" (p 15) does not mention milk though " supplements of calcium and vitamin D " are specified. Could not extra milk give much of these supplements ? On page 21 the statement is made: " Prior to ligation of the cord the infant should not be held in the air above the level of the mother, *otherwise the mother will be transfused* at the expense of the baby " (*reviewer's italic*). As the placental circulation has no direct connection with the mother's systemic supply it is hard to support such a statement. Again, the instructions are page 92 are worded in such a way as to be open to grave misrepresentation. Mr. Bell says, " Finally, a recapitulation of certain DON'TS in placenta prævia :—

1. Never temporize with placenta prævia unless you are aware of the dangers of doing so.

2. Transfer the patient to an institution without performing a vaginal examination at home."

Now No. 1 is undoubtedly a " Don't " but No. 2 is a " Do "—or does he really mean "*Don't* transfer the patient . . . " etc.? Read literally, this second item might easily be construed as an invitation to perform a vaginal examination at home—a procedure which is clearly *not* what the author envisaged. (There are four other " don'ts " in addition to the first two quoted, but they are unequivocal).

One wonders why it is stated (P.150) in dealing with the causes of Hæmolytic Disease of the Newborn :—

" 2. The first baby is very seldom affected unless the mother has been immunized by previous transfusion of the Rh incompatible blood or a *previous miscarriage* " (*reviewer's italics.*) Would not a previous " pregnancy " serve better to convey the author's meaning ? As stated, it seems to indicate some special quality about miscarriage in this respect which is not present if pregnancy goes to term.

With these relatively minor criticisms which are the more obvious in so generally satisfactory a synopsis, one may recommend this little work with confidence to those revising for final examinations.

E.E.D.T.

SPORT

RUGBY FOOTBALL

Guy's *v.* Northampton

On Monday, 28th December
At Northampton

Result—Lost 6–11

Guy's were strengthened for this match by the return of W. J. Howells and R. T. Hawley although still not at full strength because of the absence of E. O. James, C. Pook and D. P. Honey. Conditions were ideal and before a large holiday crowd Guy's were on top for a long period of the first half. The forwards had more of their share of the ball in the tight scrums and were fast and lively in the loose. This brought the backs into action often with some beautiful movements, which several times just failed to produce a score. Unfortunately, Evans had to leave the field with concussion and Glendinning was brought out of the pack to mark the former English International Hyde. The seven remaining forwards fought well against the experienced Northampton eight so that it was no surprise when Guy's took the lead from a penalty by Howells. Just before half-time Pickford levelled the score for Northampton from a penalty and almost immediately they took the lead with a converted try after a good three-quarter movement.

At the start of the second half, the Guy's halves were not getting the ball out so clearly and the threes were not opening out the play so well as they had been doing. The return of Evans, although still suffering from the effects of his injury, entirely changed the aspect of the game. Guy's pressed continually and Howells reduced the arrears with a good penalty. However Hyde put Northampton well ahead again after a good run along the wing. Guy's came back to the attack but some bad finishing prevented a score.

Saturday, 2nd January : Guy's 11 *v.* O.M.T.'s 0.

HOCKEY

First Round Inter-Hospital Cup (Senior)

Guy's *v.* St. George's

Result—Won 4–0

Guy's met a strong St. George's team in the first round of the Cup and decisively defeated them by four goals to nil. The hospital owed this victory to better marking and quicker passing.

The forwards on both sides made many openings but whereas the George's defence tended to leave certain players unmarked the Guy's defence by good positioning gave little away ; in this respect the Guy's half back line of Mackenzie, Linahan and Elsdon-Dew were outstanding and when occasion demanded Tuddenham and Laney cleared firmly and accurately.

The George's team included four of the London University XI which was adjudged the best XI at the Folkestone festival and also Griffiths, the Welsh international.. The Guy's team included Linahan, the East centre-half, whose presence provided a steadying influence in the centre of the field.

From the bully-off it became apparent that the game would be hard and fast ; Hamber on the George's left wing, probably the fastest man on the field, made several good runs but was effectively checked by Mackenzie. Cooke on the Guy's wing took part in one good movement which resulted in the ball passing just wide of the goal post ; then Paul picking up a loose ball just on the twenty-five yard line passed quickly to Millar who ran through and scored. After this setback George's redoubled their efforts and for a period the hospital defence came under heavy fire but stood firm and soon Guy's increased their lead by a reverse stick goal by Millar.

At half-time Guy's were leading by two goals to nil and after the game recommenced it was obvious that much of the fire had left the George's team. Guy's now took control of the game and scored two more goals, one from a penalty corner and the other from a penalty bully. Willis and Paul both went very near with shots which might easily have entered the net.

Guy's now meet St. Mary's in the second round of the Cup which is being played at Teddington on January 13th.

Scorer : Millar 4.

Team : W. A. Cahill ; D. R. Laney, H. M. Tuddenham ; M. Mackenzie, D. Linahan, R. W. Elsdon-Dew ; N. Cooke, R. R. Paul, M. F. H. Willis, J. I. Millar, J. J. Paul.

Other Results :

First XI.

Guy's v. Leeds University.	Won 3–1.
Guy's v. South Essex.	Lost 0–4.
Guy's v. Lensbury.	Lost 1–6.

HOSPITAL INFORMATION

INDUSTRIAL INJURIES ADVISORY COUNCIL

Professor R. E. Lane has been reappointed to this Council.

AMERICAN SOCIETY FOR HAND SURGERY

Mr. Patrick Clarkson has been invited by the American Society for Hand Surgery to be their guest speaker at its annual meeting in Chicago and Cleveland.

NURSING STAFF APPOINTMENTS

January 1st–15th, 1954

		Date of Appointment
S/N	E. Crofts to Grove Park (T.B. Unit)	1.1.54
C/M	S. M. Baker to District.	1.1.54
C/M	E. Magee to *Victoria* (promotion from S/M).	1.1.54
C/M	L. Bassant to *Victoria.*	1.1.54
C/M	M. Surrase to Salomon's Centre.	1.1.54
S/M	S. Whitehead to *Victoria.*	1.1.54
S/M	A. Mollison to District.	1.1.54
S/M	K. J. Davies to *Victoria.*	1.1.54
S/N	M. Hardy to Evelina Hospital.	1.1.54
S/N	J. Ottaway to *Lydia.*	15.1.54

SIR ALFRED FRIPP MEMORIAL FELLOWSHIP

Applications are invited for the **Sir Alfred Fripp Memorial Fellowship** in Child Psychology tenable at Guy's Hospital. The Fellowship is open to medically qualified men or women under the age of 35, preferably with experience in Pædiatrics as well as in Psychological Medicine. Stipend £250 per annum. The appointment is for two years and may be held concurrently with a part-time appointment at Guy's or elsewhere. Applications should be forwarded to the Dean, Guy's Hospital Medical School, S.E.1. (from whom copies of the regulations may be obtained), together with the names of three referees, not later than **31st January, 1954.** Candidates should submit with their applications particulars of their previous career and a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship.

DENTAL CLINICAL MEETING

The Annual Dental Clinical Meeting will be held in the Dental Department on Saturday, 6th March, 1954, and the Dental Society Dinner will be held in the evening. A detailed programme of the Meeting will be published in the *Gazette* on 6th February, 1954, and notices regarding the Dinner will be circulated in the near future.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 *line* 2*s.* 6*d.*, 3 *lines* 6*s. Box Numbers* 6*d. extra.*

Ordinary rates :

1 *line* 6*s.*, 4 *lines* 20*s. Box Numbers* 9d. *extra.*

Required

DENTAL. Newly qualified married assistant with a view to partnership. State approximate salary G. R. M. Mote, 1, Station Street, Lewes, Sussex.

For Sale

TEN FRAMED ETCHINGS. Guy's, 5/- each or offer. (Tel. Tudor 1727 or Box 24, c/o Gazette Office.

MICROSCOPE, VARIOUS SLIDE BOXES, £8 15*s.* 0*d.* or offer. Tudor 1727 or Box 24, c/o Gazette Office.

DIS-ARTICULATED SKULL. Box 25, c/o Gazette Office.

PASS LIST

UNIVERSITY OF OXFORD

Batchelor of Medicine

Final Examination

Medicine

*D. K. Croll

W. G. Rhys-Jones

Surgery

*D. K. Croll

Midwifery

*D. K. Croll

W. G. Rhys-Jones

UNIVERSITY OF CAMBRIDGE

M.B.

Final Examination

Michaelmas Term, 1953

Part I. Pathology and Pharmacology

D. P. Addy
D. W. Atkinson
*W. H. Carling
J. D. Chard
J. D. Ellis
D. K. Fairweather
*R. D. France
Mary E. Hern
J. H. C. Hunt
S. M. Madeloff
D. J. Roberts
A. Robinson
B. H. B. Robinson
R. O. Selby
A. S. Valentine
D. N. Whitmore
J. T. N. Williams

*Has completed the examination.

Part II

Principles and Practice of Physic

*J. A. D. Briggs
*L. F. Brunt
*W. H. Carling
Mary E. Hern
*E. K. Lee
J. S. Miller
*E. Moran
*R. H. Morgan
*C. J. Pattinson
*H. H. Shawdon

Principles and Practice of Surgery

*L. F. Brunt
*W. H. Carling
*E. K. Lee
J. S. Miller
*E. Moran
*C. J. Pattinson

Midwifery and Gynæcology

Mary E. Hern
*E. K. Lee
*E. Moran
*C. J. Pattinson
*D. E. Tunnadine
*J. R. Wood

*Have completed the examination.

UNIVERSITY OF LONDON

Academic Postgraduate Diploma in Medical Radiology (Diagnosis)

December, 1953
P. L. Brangwin

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Final Examination
J. G. Brice

L.D.S.

Second Examination
December, 1953

P. H. N. Davis
J. M. Frean
B. C. Gilliland
Gillian H. Gordon
A. B. Greenwood
Barbara T. Jacobs
J. J. Jeffreys

CONJOINT BOARD

L.R.C.P., M.R.C.S.

First Examination

December, 1953

Anatomy

B. S. Kennett

Physiology

B. S. Kennett
T. A. J. Ogunbiyi

Pharmacology

A. H. Atkinson
J. M. Clark
L. Cohen
J. L. Croft
H. T. Davies
J. M. P. Davies
G. H. Daw
W. R. O. Egginton
Verna P. Firth
N. D. Gripper
R. I. Henry
L. W. Kay
J. McKenna
G. B. Middle
R. I. Muir
E. D. A. Orsmond
Jane Platnauer
T. Rowan
K. E. Thomas
M. D. A. Vickers
C. J. Wallace
K. Wilderspin

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
December, 1953

Surgery

J. G. P. Hunt
J. W. Kirkbride
P. A. T. Martin
R. M. Stewart

Pathology, Bacteriology and Forensic Medicine

P. F. S. Stebbing

Medicine

V. C. J. Barker
D. V. Burke

Midwifery

C. D. Chilvers

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Blackburn, Guy and others. Discussion on "Acute Intestinal Obstruction". *Tr. med. Soc. Lond.*, 1953, **69**, 30.

Boucher, C. A. Accidents in the Home. *Med. Pr.*, 1953, **230**, 601.

Broster, L. R. and others. Adrenal Pseudohermaphroditism. *Brit. med. J.*, 1953, ii, 1288.

Chick, A. O. The Correct Location of Clasps and Rests on Dentures without Stress-Breakers. *Brit. dent. J.*, 1953, **95**, 303.

Exner, G. G. and another. A Treatment for Inoperable Cancer and an Adjunct to all other forms of Treatment. *Med. Pr.*, 1953, **230**, 651.

Falconer, Murray A. and another. Temporal Lobe Epilepsy with Personality and Behaviour Disorders Caused by an Unusual Calcifying Lesion. *J. Neurol. Neurosurg. Psychiat.*, 1953, **16**, 234.

Fox, Wallace. The Medical Research Council Trials of Isoniazid—Recent Results of Combined Chemotherapy. *Bull. International Union Against Tuberculosis*, 1953, **23**, 292.

Hill, T. Rowland. Thoughts on Barbiturate Hypnotics. *Med. Pr.*, 1953, **230**, 613.

Hills, T. H. and Falconer, Murray A. Discussion on "The Value of Arteriography." *Tr. med. Soc. Lond.*, 1953, **69**, 164.

Horton, R. E. and another. Hirchsprung's Disease with Associated Intestinal Hæmorrhage. *Lancet*, 1953, ii, 1288.

Hunt, J. N. The Viscosity of a Test-Meal. Its Influence on Gastric Secretion and Emptying. *Lancet*, 1954, i, 17.

Kark, Robert M. Oral Anticoagulant Therapy. *Practitioner*, 1954, **172**, 90.

Mac Keith, Ronald and O'Neill, Desmond. The Management of Recurrent Stress Disorders in Children. *Practitioner*, 1954, **172**, 37.

Nissim, J. A. Plasma Iron Levels and Urinary Iron Excretion after the Intravenous Administration of Different Iron Preparations. *Brit. J. Pharmacol.*, 1953, **8**, 371.

Ogilvie, Sir Heneage. Surgery and Surgeons. *Ann. R. Coll. Surg. Engl.*, 1953, **13**, 394.

Ogilvie, Sir Heneage. The Importance of Leisure. *Practitioner*, 1954, **172**, 68.

Rushton, M. A. Asymmetry of Tooth Size in Congenital Hypoplasia of One Side of the Body. *Brit. dent. J.*, 1953, **95**, 309.

Staple, P. H. Some Tissue Reactions Associated with 5 : 5—Diphenylhydantoin ('Dilantin') Sodium Therapy. *Brit. dent. J.*, 1953, **95**, 289.

CHANGES OF ADDRESS

D. P. Adamson, M.B.E., M.B., B.S., c/o The Addington Hospital, Durban, Natal, S. Africa.

D. F. V. Brunsdon, M.B., B.S., c/o Bureau of Laboratories, General Hospital, Saint John, New Brunswick, Canada.

BIRTHS

JACKSON.—On 19th December, 1953, at the David Bruce Military Hospital, Imtarfa, Malta to Joan, wife of Surg. Lt. Michael C. H. Jackson, R.N., a son (Andrew Michael Warren)—a brother for Caroline.

POPPLEWELL.—On 26th December, 1953, at the Mill Road Hospital, Cambridge, to Muriel (nee Lock), wife of J. R. F. Popplewell, M.R.C.S., L.R.C.P., a daughter.

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE
A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS
PUBLISHED FORTNIGHTLY

Vol. LXVIII No. 1709 23rd January 1954 One Shilling

PASSIM

BY a happy coincidence this issue of the *Gazette* carries contributions from two senior and much respected Guy's men—one a physician, the other a surgeon—upon the subject of eponyms in the teaching and practice of Medicine. Dr. Hugh Barber makes it clear in his article on " Eponymous Immortality" that he accepts such eponyms as, for example, " Addison's Disease " the " Corrigan Pulse " and the " Aqueduct of Vesalius " as part of the very tissue from which medical practice is woven. But more than the name is needed. " Dupuytren was a distinguished French surgeon " is not enough. The history of his time, his associates, his instruments, is needed too. From such a basis he thus adds a substantial impetus to the movement for more of medical history in current hospital teaching: the eponym is history ready made. Not so Mr. Layton. In a powerful letter to the *Gazette* he denounces the widespread use of eponyms—with certain important exceptions. He would, for example, retain "Poupart's Ligament" on the ground of brevity, (the current edition of Gray's *Anatomy* does not use this nomenclature) but the usages of many others are soon exhausted " except as hobbies for aging persons in a back room of some college or other centre of education . . . "

That a determined effort is being made to rid Anatomy (and therefore to some extent, Surgery) of eponymous encumbrances is clear. Those who were present in *Dorcas* one afternoon two or three years ago are not likely to forget the surprise expressed by Sir Heneage Ogilvie on learning that students to-day are no longer familiar with the " Foramen of Winslow." On the other hand, it would be rare indeed to hear any physician complete an account of " Hodgkin's Disease " without mention of " Sternberg-Reed " cells or a " Pel-Ebstein " temperature. We shall hear more of eponyms. There is tinder in this *Gazette.*

Sir John Conybeare and the Superintendent and Mrs. Doherty are now on their way to South Africa. They will be abroad about two months. During their visit they will have opportunities of meeting many Guy's men and women, and of renewing old friendships. In the absence of Mr. Doherty the duties of Superintendent are at present being undertaken by Mr. Blaikley : he will be followed towards the end of the time by Dr. Baker.

We congratulate Mr. Frank Cook upon his appointment by the Ministry of Health to the Board of Governors of St. Thomas's Hospital.

We extend a warm welcome to Mr. John McArthur, who has been appointed Assistant Surgeon to the Radiotherapy Department. Mr. McArthur trained at Guy's, qualifying in 1934 and served with the R.A.F. during the war. He was senior registrar in the Radiotherapy Department here from 1949–1953. Before his recent appointment, he was Consultant Radiotherapist to the United Newcastle-upon-Tyne Hospitals.

The present series of Exhibitions organized by the Department of Surgery are worthy of wide publicity. The current one on *Post-Operative Chest Complications* appears to be the best, so far, among many of high quality. The layout is clear : the diagrams are plain : the specimens are apposite : the X-rays well chosen. This is logical teaching, admirably presented.

A magnificent subject for alimentary tract research has been announced by one of our daily newspapers. We are told that "Gaettano Priulla has bet his boss at Palermo, Sicily, that he will eat the boss's small Fiat except for the tyres within six months. The boss has offered him a new car if he succeeds. Several doctors including two specialists have said Gaettano might win his bet. They said he had an exceptionally tough stomach and could easily digest metal nails and glass."

We look forward to the happy outcome of this enterprize with a little fear, however, that it might become common practice for impoverished car fanciers. The diagnostic exercise offered by what our American friends call a " gastric work-up " might involve new and undreamed of investigations—the serum sump-oil, the blood brake-lining and so on. For Gaettano's sake, we hope that his specialists are right.

GUY'S DIARY

JANUARY			Exhibition. Department of Surgery. *Post-Operative Chest Complications.*
25th	M	1.00.	Mr. R. H. Brain. Clinical Lecture. *Diaphragmatic Hernia.*
26th	T	1.00.	Mr. H. J. B. Atkins. Clinical Lecture. *Some Aspects of Carcinoma of the Breast.*
28th	Th	5.00.	Mr. Murray Falconer. Neurosurgical Demonstration. Clinical Theatre.
			X-ray Meeting. Gordon Museum.
29th	F	2.15.	Combined Round. Pre-clinical classroom.
30th	S		Rugby 1st XV v. Penzance and Newlyn (Morning) H.O.P.
			England v. New Zealand (Twickenham).
FEBRUARY			Exhibition. Department of Surgery. *Famous Names in Surgery.*
1st	M	1.00.	Dr. Maurice Campbell. Clinical Lecture. *Patent Ductus Arteriosus.*
2nd	T	1.00.	Dr. A. M. Hutton. Clinical Lecture. *Errors and Mistakes in Anæsthesia.*
4th	Th	1.00.	Mr. F. N. Glover. Clinical Lecture. *Varicose Veins.*
		5.00.	X-ray Meeting. Gordon Museum.
5th	F	1.00.	Dr. K. S. MacLean. Clinical Lecture. *The Diagnosis and Treatment of Hypertension.*
5th	F	2.15.	Combined Round. Pre-clinical classroom.
6th	S		Rugby 1st XV v. Coventry (Coventry).

NOTICE

The *Journal of Immunology*, Volume 63, 1949, is missing from the Library of the Pathology Department. It would be much appreciated if anyone in possession of this volume would return it to the departmental library without delay.

EPONYMOUS IMMORTALITY

By HUGH BARBER, M.D., F.R.C.P.

Consulting Physician, Derbyshire Royal Infirmary

IN my undergraduate days (1897 to 1901) we should have welcomed some elementary lectures on the History of Medicine. Something which would give an outline wherein we could fit some famous name. It is interesting to read in an editorial of the *Gazette* that the wish still exists and that the want is unfilled.

It was the background we needed, to give us a sense of proportion. What use would it be in English history to know some details of Perkin Warbeck, if of Cromwell, the Lord Protector, we only knew that his parents named him Oliver ? Which had most influence on this island : that King John lost his jewels in The Wash or that Julius Cæsar landed ? In the dissecting room (at which period I was in Manchester) nobody told me which of those two, Poupart of the ligament or Vesalius of the aqueduct, had exercised most influence on the study of anatomy.

I. As it was in 1900.

When I was preparing to put those magic letters M.R.C.S. after my name, I dropped into a surgical out-patient clinic. I was shown a man with fingers contracted by thickening of the palmar fascia. When I applied the appropriate label, the surgeon responded ; " And who was Dupuytren ?" I suggested that he might be the surgeon who had described a fracture near the ankle joint, only to receive the rebuke, " But who *was* he ?" (And mind you, I had captained an eleven at both cricket and football, which had brought home the hospital cup). When I admitted my ignorance I was told that " he was a distinguished French surgeon." One of my fellow students whispered that we could have guessed as much. This surgeon was not one of our most distinguished teachers. But, in any case, this " who was " question does not get us very far, even when put by a scholar, who could supply a satisfactory answer himself. If we had been told that Dupuytren practised and taught in Paris at the beginning of the nineteenth century, when Astley Cooper was in London and that Syme of Edinburgh had studied under him, it is doubtful if we could have understood the place in history of these three distinguished surgeons. We should need to know something of John Hunter, and how far anatomy had progressed ; and how far distant was routine anæsthesia (about 1850 I suppose) and how remote Lister's antiseptic technique. When Sir Astley Cooper removed a sebaceous cyst from the head of His Majesty King George the Fourth, he passed several anxious days and nights in fear that erysipelas might develop.

Well, looking back, I think these few ideas would have been better value than the remark " a distinguished French surgeon." But because this has been in my mind for more than fifty years, I hope no psychologist will think I need his assistance. I am in good company. In the *Guyoscope* (which journal was honoured with a place in the Bodleian Library) there is a ward round portrayed, in which, at the bedside of a patient with aortic regurgitation, a distinguished physician remarks; "Well, Mr. Blank, perhaps you can tell us who Corrigan was?" Silence follows, during which Clinical Assistant and House Physician edge away from the crowd. In another issue of the same journal there is a picture of two street musicians, with underneath the caption " The Organ of Giralde's and Hesselbach's Triangle." Flippant perhaps, but from such frivolity wisdom might arise. I like the story of the student, who applied a bandage so neatly round the hip-joint that it resembled an ear of corn, near enough to justify the name of Spika. But when, by the surgeon, invited to explain the origin of this designation, he covered his ignorance with the reply, " after the well known surgeon of that name " I think he deserved full marks for his judicious levity ; which perhaps should have made the surgeon blush.

With all those eponymous names in the dissecting room we made a bad start. " Who was Fallopius ?" if we knew the answer, had little significance unless we knew something of the rise of the Italian universities or why they declined. When we first met with the *torcular Herophili*, I believe we were told that there was a school of anatomy in Alexandria, about the time of Euclid, in which a good deal of osteology was known. This made the dry bones of anatomy a little more alive. I think, however, that we preferred to hear this from a teacher, even if he repeated himself occasionally, rather than be asked a question about a man of whom we could have so little knowledge.

I should like to hear a lecture which began—" It would be possible to start with the *torcular Herophili* and pass down the human frame to the *tendo Achilles* finding on the way fifty or more structures with an eponymous name. I propose, however, to give a brief outline of the origin and progress of our knowledge of human anatomy, from the earliest times to the present day, only mentioning a few of the most important names such as ; Galen, Mondino, Vesalius, Harvey and John Hunter, with one or two others who will be introduced in time and place."

II. As it might have been in 1900.

There might, with advantage, have been a stock lecture on Medicine and the Map, given to students in pre-clinical years, but open to seniors as well. We might have been told that there is something to be learned about the medicine of prehistoric and primitive man. There is more in the earliest civilizations of Egypt, Babylon, India and China. But medicine as a science began in Greece, which makes a definite starting point. The first records of value come from Hippocrates (450 B.C.). He was widely travelled but worked mainly in the Greek island of Cos. He regarded medicine as a study in natural history. Others before him may have observed, but he taught observation and recorded what he found ; which is the essence of clinical medicine. That is why he is the Father of Medicine. Scholars may tell us that what we attribute to him is the work of more than one man ; but that need not distress us. It is the spirit of Greek medicine which we need to understand.

Aristotle (b. 384 B.C.) studied biology and other science, and his disciple Theophrastus created the science of botany. About the time of Euclid, 300 B.C., there was in Alexandria a flourishing medical school.

For a grounding in Greek medicine there is only one other name—that of Galen (131–200 A.D.). Born at Pergamos in Asia Minor, he links medicine with the Roman Empire in the reign of Marcus Aurelius, who was his friend and patient. The empire at this time extended from Babylonia to the North of Britain. Galen was a follower of the Hippocratic method, making observations in anatomy, physiology and clinical medicine. He took nothing on trust himself, and yet we have the anomaly that his teachings became the law, accepted almost without question right into the sixteenth century. As it has been with other prophets, before and since, the disciples of Hippocrates and Galen absorbed the facts and missed the spirit of the teaching. Marcus Aurelius wrote his Meditations in the Greek language, which illustrates the fact that educated Romans learned philosophy, science and art from Greek sources. The Romans were practical people. If they added little to science, they applied it with skill in military hospitals, hygiene and state medicine. Galen lived at a fortunate time ; but succeeding generations, partly influenced by the Church, were inclined to bow to authority. If science was stationary, however, the scribes who kept on copying out the works must receive their due. Few, except the monks, could read or write. Valuable libraries were destroyed, but some medical knowledge was kept in storage in the monasteries until printing was invented and paper prepared to receive it.

If we accept the years from 450 A.D. to the fall of Constantinople in 1453 as the middle ages, there is little to record in the way of progress in medicine. The Greek tradition survived in the Near East, first among the Christians and later with the Arabs. Furthermore, in the middle ages, there was Magna Græcia —the name of Sicily and Southern Italy when settled by the Greeks. In this thousand years, in spite of the unsettled time, there was some culture in which medicine shared and the monasteries were required to provide an infirmary for the ailing. In the seventh century the Arabians extended their empire all along North Africa and crossed into Spain. They were the only people who conquered part of the Roman Empire, who profited by Greek learning ; although they destroyed a good deal. But the Vandals, the Goths, the Huns and the Lombards earned the name of Barbarians. Arabian medicine flourished in the time of the Thousand and One Nights. Rhazes (860–932) was chief physician to the Baghdad hospital and Avicenna (980–1037) wrote his famous treatise *The Canon*, which for many years was almost as authoritative as Galen's writings. But Arabian medicine was of Greek origin, including that at Cordova in Spain. They maintained in the middle ages a lay medicine, when in the West it was mostly in the hands of the monks.

Returning to Magna Græcia there is the medical school at Salerno, which developed round something of a health resort to which patients were sent. From this school we have the famous Regimen Sanitatis, in the Thirteenth Century ; which is composed chiefly of health rules for the layman. We find here lay medicine coming again in the West. Next come Montpellier in the south of France, Paris and in northern Italy, Padua and Bologna. These were the leading medical schools when the Renaissance came. The discovery of the New World widened the horizon, lessening the importance of the Italian cities. With the Renaissance came the advantage of Greek thought ; recorded in the Latin language and made available in German print. We may conclude that in a prosperous nation medicine will flourish. Following the Elizabethan Age we find William Harvey, who did so much for physiology, who can be dated by the fact that he was a friend of Charles the First. Also for English medicine there is Sydenham (" the English Hippocrates") who had been one of Cromwell's soldiers. The former studied at Padua and the latter visited Montpellier.

In the seventeenth century the Dutch were our rivals on the sea ; so that it is in keeping that there should be a famous school at Leyden, where we need the name of Boerhave. And so we come to the eighteenth century with Edinburgh, London and Vienna—the last named flourishing about 1750, when Austria held sway from the Near East to Flanders and over much of Italy. For a hundred years this was the leading medical school on the continent of Europe. In the nineteenth century with Paris, Vienna, Edinburgh and London all progressing, we have in the earlier part Dublin and later Berlin. At this time the American schools were coming forward, to reach their peak, of course, in the twentieth century. Gradually with medical journalism and scientific associations medical science was becoming international.

It is a long way from the Island of Cos to the Mayo Clinic in Rochester, U.S.A. There is little enough in this sketch, but we should have appreciated it in my undergraduate days. We could have understood that Linacre, the founder of the Royal College of Physicians in 1518, took the opportunity of translating into Latin the works of Hippocrates and Galen which were dispersed when the Turks took Constantinople. These were more reliable than those copied and recopied in the monasteries. We could understand the significance of Harvey's education at Padua. If we have some idea of this outline of the leading medical centres down the ages, we can pick up a history of medicine and read any chapter that may take our fancy. Or if we look up a name it will fit with time and place —as for example the first well known in this country, Gilbert the Englishman (1165–1230) who, quite naturally, was educated at Salerno.

This sort of lecture may sound dull enough—almost as dry as the Mouse's recital about Edwin and Morcar by the side of the pool made by Alice's tears. But odd bits could be interpolated without loss of proportion. For example, in the days of the Arabian Nights, measles was known to Rhazes, who attributed the rash to the " ebullition of the bile," but it was not until 1896 that Koplik in New York spotted the fact that it is preceded by an eruption on the buccal mucous membrane.

We had so much to learn in the way of present day facts and theories that we dared not be interested in discarded doctrines. It would have been enough for us to hear that the arteries gained their name because they were believed to contain air or that the word disaster had connection with astrology. This lecture, Medicine and the Map, might have been delivered once or twice a year, with the same outline but treated from a different aspect. Anatomy would make a good beginning. Galen dissecting animals only ; then the Alexandrian school ; Mondino (1270–1326) at Bologna reading from Galen whilst an assistant dissected a human subject ; and eventually Vesalius (1514–64) at Padua doing the dissection himself and recording what he found. As the need for subjects for dissection grew there was scope in the eighteenth century for the Body Snatchers (sometimes used to obtain autopsies) culminating in the murders by Burke and Hare, producing a publicity which did much to bring about the Anatomy Act of 1832.

On other occasions clinical observation, surgical technique or the theories of ætiology and morbid anatomy might be followed through. By a series of stories it would be interesting to show that, while science progresses, human nature is unchanged. For example : Galen was so successful in practice in Rome that the local physicians opposed him. In 1559 John Geynes was cited before the Royal College of Physicians for impugning the infallibility of Galen. Guy Patin (1601–72) of Paris declared that Harvey's explanation of the circulation of the blood was "paradoxical, useless, false, impossible, absurd and harmful." Malpighi (1628–94) for discovering the capillaries, which Harvey had foretold, was attacked by two masked colleagues because they insisted that the truth was with Galen and the ancients. (The Autocrat of the Breakfast Table said in 1857, " Every real thought on every real subject, knocks the wind out of somebody or another ").

Particularly, I like the story of Nicolas Tulp (1593–1674) of Amsterdam, immortalized in Rembrandt's picture The Anatomist. He said that " the writing of medical books in the vulgar tongue would increase both real and imaginary diseases." There is history in this anecdote. We have medicine, side by side with art, flourishing in Holland in the seventeenth century. There is the point that a " dead " language is only available to scholars ; and it lives because it does not change. Any general practitioner to-day could tell us that some of the prophesy is amply fulfilled through the modern daily press.

I think we should have wished for a second lecture which might have been called ; " Progress since the days of William Harvey." Rather a vast undertaking, but sometimes it might have been concerned with clinical medicine bringing in the date of Auenbrugger's Percussion (1761) and the Stethoscope of Laennec (1819). We should know then which physicians had the benefit of these methods of examination—although percussion did not become customary till fifty years after its first description. The morbid anatomists might be discussed beginning with Morghani (1682–1771). Bright (1789–1858) tested the urine by boiling in a teaspoon over a candle. Clifford Allbutt (1836–1926) introduced a suitable clinical thermometer. Koch discovered the tubercle bacillus in 1882. Roëntgen discovered the rays in 1895, but it was not until the nineteen twenties that diagnostic radiology developed in what is called " internal medicine." These data and others of a similar nature are what we needed to understand physicians such as Addison, Trousseau and Charcot.

In 1905 when I was a medical registrar and wore a top-hat, we had no sphygmomanometer in the wards, although some physicians were beginning to use the instrument in private consulting work. The electrocardiograph—but this is going beyond my theme. I am not presuming to teach the needs of a present-day undergraduate. (We are all students of medicine). There is a volume entitled, " If I had my time again " in which twenty distinguished people discuss this problem. I only remember one, humble and wise, who stressed the question of missed opportunities in his education. Whether or no it was our own fault I am not prepared to say, but my generation of medical undergraduates missed the opportunity of getting a historical background to the great names of the past. As a medical ward-clerk my first patient was suffering from Thyrotoxicosis—we called it Exophthalmic Goitre, or Graves' Disease, or Basedow's Disease (both physicians were, I believe, anticipated by Dr. Parry of Bath). There was Stellwag's sign and von Graefe's. Where would these eponymous names end ? Like the clinical assistant and the house-physician of the *Guyoscope* scene, I edged away from them. But if I had my time again I should welcome lectures—just one or two a year, repeated regularly with variations—that would enable me to say whether Sydenham had a clinical thermometer, or Harvey a stethoscope, or Bright a sphygmomanometer, or Charcot the use of X-rays. What was surgery like before the days of anæsthesia ? And is it true that a surgeon, with one sweep of his knife, amputated a limb, two fingers of his assistant and the coat-tails of a colleague looking on ?

Sir Henry Howse, as a young man, went to Edinburgh to study Lister's antiseptic technique. On his return to Guy's he brought a carbolic spray which I saw still in use when he was Senior Surgeon. It was the old story of the faithful disciple because Lister, by this time, had discarded this part of his routine. Sir William Arbuthnot Lane was the prophet of asepsis. He had not the advantage of rubber gloves, but by use of special forceps he kept his fingers out of the wound. He would say to his ward-clerks, "I wonder why surgeons are so afraid of sepsis? My cases never suppurate." And they never did. Of course we all know that Pasteur's work on fermentation taught Lister (about 1865) that sepsis was the result of infection from without. Who was the better disciple of this teaching ? The man who persevered with an out-moded antiseptic technique or he who understood the spirit so well that he could rely on asepsis ?

Sir Samuel Wilks (1824–1911) thought that Addison's name should have lived on account of his brilliant teaching, rather than on his description of a morbid entity. You may say that the eponym will bring his name before succeeding generations, who may be told about the man. Which is true. But there is something a little incongruous about eponymous immortality, which may be the result of an important discovery, or come about through a point, a pill or a powder ; or perhaps from a button (who was Murphy ?) a syringe (who was Higginson ?) or a pair of forceps ; No, not "who was Lane ?" And yet Sir William Arbuthnot himself might not have been surprised to find this trifling memorial to his fame. He once told a student preparing for the final F.R.C.S. to remember that it was an examination in old wives' tales. Of course a lecture on the progress of medicine during the last two hundred years might be based entirely on the physicians and surgeons of Guy's Hospital.

There is an interesting little book of *Notable Names in Medicine*, chosen for their eponymity ; of which there are some eighty in number. By studying this volume one could make quite a good answer to the question " Who was Dupuytren ?" which is interesting enough ; although it might be wise for a teacher using this to say whence he obtained the facts, just in case there was one of those queer students about who might produce the volume from his own pocket. But in this list of eponyms we do not find the name of William Harvey, of John Hunter or of Joseph Lister, all three of whom should be friends of ours, or at least acquaintances, before we are introduced to Dupuytren.

Was our curriculum full ? I suppose so ; but there is always time for something really interesting. If, however, it had been our privilege to have these lectures, I should still maintain there is neither profit nor encouragement from the remark : " Well, Mr. Blank, perhaps you can tell us who Corrigan was ?" It was a gift of one of the greatest teachers of all time—Sir William Osler—that he could tell us something about any great man of the past which just caught the spirit of the time. He was kind enough not to ask questions unsuited to our mental shop, but helped to furnish it with period pieces.

Thirty Years Ago

From Guy's Hospital Gazette, 19th January, 1924.

The recent and continuous sounds of song and music proceeding on certain evenings from the vicinity of the Court Room, have afforded to all due evidence of the Musical Society's successful revival . . . On three successive days the Society will produce " The Revenge," by C. Villiers Stanford, followed by Gilbert and Sullivan's Opera, " Trial by Jury." These performances will be held . . . in the Chapter House, St. Thomas's Street.

Sixty Years Ago

From Guy's Hospital Gazette, 27th January, 1894.

(*being an extract from a lecture given in* 1868 *by Walter Moxon, M.D.*)

. . . You must not study disease as a science is studied ; you cannot get the knowledge of disease as you get the knowledge of sciences . . . as you get your mathematics, and chemistry, and zoology. You must know diseases, not as the zoologist knows his species, and his genera, and his orders, by descriptions of comparative character, but as the hunter knows his tigers, and panthers, and wild boars. You must know as he knows—by seeing them, and facing them in their natural states and places. Study individual cases in the wards . . . The most graphic description of disease is at best like a landscape taken from a railway-carriage at full speed . . . You must see for yourselves ; and see assiduously and well. I pity the lecturer on medicine, he is under the greatest of all burdens —the burden of the incommunicable—and you are happy when he is one of those great men who can nearly say what cannot be said . . .

THE MOUTH AND TEETH OF THE AFRICAN

By MARCUS F. WABOSO, L.D.S.

FROM time to time, I have been asked by my colleagues about the mouth and teeth of the African. I have been asked such questions as these :—

If I intend to practice my profession in West Africa can I be assured of a busy practice ?

What sort of oral lesions am I likely to see and treat ?

Are there any real differences between the mouth of an African and that of a European from consideration of susceptibility to :

(1) dental caries ;
(2) parodontal disease ;
(3) malformation of the oral tissues ;
(4) inflammatory lesions in the mouth, whether of local or systemic origin ;
(5) neoplasms ?

In this paper an attempt will be made to answer these questions and also to interpret the mouth and teeth of the African in the light of modern knowledge. The subject will be divided into two main headings.

First, conditions of the teeth and the bones which accommodate them.

Secondly, conditions of soft tissues of the mouth.

In considering the conditions of the teeth and jaw bones of the African, the factors which should be taken into account are :—

(1) Heredity.
(2) Nutrition, diet and environment.
(3) Methods of oral hygiene and social habits of the African.

The first factor, heredity, is defined as the transmission of characteristics through genes. Teeth and jaw formation, like tissue formation elsewhere in the body, is governed by the factors of inheritance. Therefore, the jaws and teeth, in their development will obey the same genetic laws of Mendel which determine, for example, the inheritance of colour of the eyes or hair or skin or, the shape of bones of the human skeleton. It follows that whether the African is born in tropical Africa or in temperate Europe, in normal circumstances of development, the size and shape of his jaws and the arrangement of his teeth will follow the pattern which he inherits from his ancestors.

In much the same way, the pattern of the jaws and teeth of the European will conform to the type which he inherits from his European ancestors, notwithstanding the place of his birth. This reasoning leads to the question :

How do the jaws of the average adult African compare with the jaws of the average adult European in size and shape ? This question can be approached from several scientific angles. But it is intended in this paper to consider it by comparing the dentition of the adult African with that of the adult European, since the progress of dentition affords a good clinical method of determining the extent of growth of bones of the jaws. This study is based on the fact that there is a correlation between the growth of bones of the jaw and eruption of the molar teeth. Growth of the maxilla and the mandible in an antero-posterior direction provides the necessary space for the successive eruption of the molar teeth. Also, one of the reasons for overcrowding and embedding of teeth may be lack of space in the dental arches.

Basing my clinical researches upon this premise, I examined the mouths of 60 adult African students in London, who gave no history of previous extractions of the permanent dentition at the time of investigation. I compared my findings with researches conducted on similar lines on the dentition of adult Europeans, whom I have had the opportunity to examine at Guy's.

The results were as follows :—

Of the 60 Africans, aged between 21 and 26 years, who gave no history of previous extractions, 55 showed the full complement of human dentition, including all the third molar teeth.

In contrast to this the jaws of the adult Europeans of the same age group who gave no history of previous extractions at the time of investigation showed a tendency to either :

(1) complete absence or failure of eruption of the third molar teeth, or
(2) variability in size and shape and alignment of the third molar teeth, or
(3) variability in dates of eruption of the third molars.

From these considerations it can be concluded that any tendency to a reduction of adult dentition, as shown by absence of wisdom teeth, as well as overcrowding and improper arrangement of teeth, is associated with lack of space in the dental arches, or a tendency to a shortening of the jaws. In other words, the jaws of the African, which accommodate more teeth and allow of a more regular arrangement, can be said to be larger and more spacious ; whereas this tendency to a shortening of the jaws is more marked in the European. It is most strikingly expressed in the European by gradual loss of his facial protrusion. These conclusions are borne out by anthropological measurement.

Having compared the influence of heredity on the pattern of the jaws and teeth of the African with that of the European, I wish to discuss the second factor ; namely, the influence of nutrition, diet and environment. During the development and maturation of bones and teeth, diet, nutrition and environment exert an important influence upon the resultant quality of these structures, and thus determine to a great extent their subsequent immunity or susceptibility to pathological changes such as caries.

The benefit of adequate supply of vitamins C and D in diet has always been emphasised, as also the importance of ingestion of minerals such as calcium and phosphorous in the correct proportions. Deficiency of vitamin C causes scurvy and will disturb the formation of organic matrix of bone and teeth during their development and maturation. Deficiency of vitamin D causes rickets and will upset proper mineralisation of any formed organic matrix. These disturbances, if uncorrected, will result in the production of poor quality teeth or hypoplasia.

Applying these quantities to the tropical environment of the African it can be shown that they affect the relative hardness of his teeth and bone structure. Vitamin C occurs naturally in fresh vegetable foods. It is especially abundant in oranges and lemons. Boiling fresh vegetables and fruits will reduce their vitamin C content. West Africa is predominantly an agricultural country, and most of the natural vegetation is easy of access. Consequently, children who accompany their parents or relations to the farms or play in the neighbouring fields help themselves freely to green vegetables and fresh fruits. The effects of this upon organic matrix formation during the developmental stages of the jaws and teeth cannot be underestimated.

Vitamin D is present in mother's milk, butter, eggs, cod liver oil and sunlight. Of these items, mother's milk and sunlight apply particularly to the African. Over 95% of African children are breast-fed. This therefore results in adequate supply of vitamin D and also in proper metabolism of calcium and phosphorous. Also, every African child born in tropical Africa is bathed daily in an abundant supply of sunshine. Sunlight acting upon the healthy skin irradiates cutaneous ergosterol and thus activates it to form vitamin D. Therefore, adequate ingestion of vitamin C reinforced by abundant supply of vitamin D from natural sources contributes considerably to the relative hardness in structure of the bones and teeth of the African.

The significance of this will be brought home when we come to consider the immunity or susceptibility of the African to dental caries.

It is in the third factor, namely methods of oral hygiene and social habits, that the African departs, in many ways, from the approach of the European to oral prophylaxis, at any rate in practice. For cleansing his teeth, gum and tongue, the African uses special sticks. The stick is held by a sort of modified palm grasp. One end of it is then held between the incisor teeth to adjust it. It is then transferred to the molar region, where, by a series of crushing bites it is thoroughly softened. Thereafter, it is returned once more to the incisor region and pressed against the necks of the incisor teeth. With the teeth in centric occlusion the process of cleansing begins by downward strokes along the long axis of successive teeth until the upper right segment is completed. The process is repeated along the upper left segment. Then the softened end is returned to the necks of the lower incisors and cleansing is carried out by upward strokes along the long axis of successive teeth, as before.

The same process is carried out on the lingual and palatal surfaces of all teeth. Finally, the gum is properly massaged in all directions, using the softened end of the stick, and this is immediately followed by a few strokes on the surface of the tongue.

This method of cleansing has its advantages and disadvantages. The sticks are alkaline to litmus paper. The alkaline content neutralises mouth acidity during the process of cleansing. In this way, the necessary acid medium for initiation of dental caries is removed. The fissures, pits and grooves of the surfaces of molar teeth are favourable hiding grounds for lodgment of bacterial plaques. In the process of softening one end of the stick preparatory to cleansing, these danger areas are automatically cleansed. Vigorous scrubbing of all teeth combined with proper massage of the gum in all directions stimulates the teeth and gum and also, the tissues supporting them. Thus, blood supply is also stimulated, which serves the dual purpose of combating any infection and transporting nutrition to vital tissues. The significance of this method of stimulation of the teeth and supporting structures and its bearing upon African teeth cannot be over emphasised. It is the fulfilment of a biological law called " The Law of Use and Disuse ".

Two illustrations of the application of this law may help to amplify my case. One example is the boxer who, by constant use of his upper limb and chest musculature, attains the maximum degree of development and toughness of these muscles. In the same way, frictional use of the palm causes keratinization of stratified squamous epithelium lining the palm.

Therefore, the force of scrubbing applied to the teeth during the process of cleansing with sticks, which is transmitted to fibres of the periodontal membrane and to the jaws, imparts a high degree of hardness and resilience to these tissues. In the same way, proper massage of the gingival tissues produces hardening or keratinization of their stratified squamous epithelium. Last but not least of the advantages of these sticks is that all varieties are inexpensive. They are, therefore, within reach of every member of any African community.

This accounts, in part, for the frequency with which it is seen in the mouth of the African, at home and on the farm, sticking out like a cigarette. For this reason it has been called "the cigarette of Africa."

The use of these sticks for cleansing also has its disadvantages. The softened end of the stick lacks the bristles of the European toothbrush. It is, thus, deprived of an efficient mechanism for cleansing the marginal and cemental gingivæ, as well as the interproximal surfaces. The African offsets this disadvantage by sheering off a piece of his stick which he uses to pick the interapproximal surfaces of his teeth, in the same way that wood points are used. When misapplied, the stick causes gingival laceration and recession. The festoons, as a result of regular and repeated trauma, cease to hug the necks of the teeth tightly. The gingival crevice is thus widened, and this, combined with other agents which will be discussed presently, is responsible for the higher incidence of parodontal disease than caries among Africans.

Another social habit of the African which has an important bearing on the ætiology of various pathological lesions in his mouth is Kola-nut chewing. *Kola-nut is a hard brownish nut which is* harvested from West African Kola trees in the form of pods. Together with the sticks I have described they are a constant companion of certain African tribes. The chewing of the sticks is followed almost immediately by the chewing of Kola-nuts. These tribes chew the nuts during times of loneliness or distress or deep thought or starvation. The nuts also serve an entertainment value, in much the same way that tea is used for that purpose in England. Chemically, the nut is alkaline to litmus. When chewed for long periods continuously, as during emotional strain, it mixes with saliva to produce dark brown colouration.

Apart from the neutralising effect it has on mouth acidity, the chewing of Kola-nuts seems to produce pathological changes in the African mouth, very similar to the effect of betel-chewing on Indian and Asiatic mouths.

First, it produces unsightly discolouration and staining of the teeth and oral mucosa, which may be temporary or permanent, depending on length of time for which it is chewed.

Secondly, the resultant alkaline fluid seeps into the gingival crevice, already widened by misapplied force of the cleansing sticks.

The effect of this alkaline medium would appear to be, to produce :

(1) *caustic injury to fibres, blood vessels and nerves of the periodontal membrane,*

(2) chronic alkalosis, which is favourable to precipitation of salivary calculus.

The end result of these conditions would appear to be to excite formation of periodontal disease.

Thirdly, when these nuts are habitually chewed, as is the case with certain African tribes, the caustic nature of the resultant fluid will cause chronic irritation and will produce carcinomatous tendencies, in a manner analogous to neo-plastic changes excited by tar painting. It has been shown that carcinoma can be produced experimentally by painting the surface epithelium of some susceptible animal for sufficient time with carcinogenetically active material, such as a solution containing tar. Therefore, this may account for the incidence of carcinoma of the mouth in tribes addicted to habitual kola-nut chewing.

Before passing on to the second heading, namely conditions of soft tissues of the mouth, it would be necessary to consider the immunity or susceptibility of the African to dental caries. The close relationship between civilization and dental caries has always been stressed. Various authorities working in multiracial communities have reported that when the indigenous races whose mouths were caries-free adopted European diet they showed incidence of rampant caries. Thus, it is said that when the North American Indian for instance, gave up his tough fibrous diet and took to soft, sticky, starchy foods and sugars of the European his teeth deteriorated rapidly. While this can be true in some cases it would be unsafe to generalise on the subject. Of the 60 African students in London whose mouths I examined, 10 were caries-free, and yet they have lived on purely English diet for six years. On the other hand cases are known of certain West African tribes, living purely on tough fibrous diets, who present carious mouths ; while others who subsisted chiefly on a diet of sweet potatoes, cane sugar, porridge and rice showed no evidence of rampant caries.

This might suggest that quite apart from dietary considerations, immunity or susceptibility to dental caries would depend on other factors, including :

(1) Architecture and quality of tooth structure,

(2) Regularity or irregularity of arrangement of teeth in the dental arches,

(3) Composition or oral secretions,

(4) Methods of oral prophylaxis.

The existance of pits, fissures, cracks, and the imperfect deposition of calcium salts into the enamel and dentine structure, can be regarded as defects which predispose to dental caries. Irregularities of teeth in the dental arches, abnormal interproximal spaces, and imperfect contact points, are other predisposing causes to dental decay. They are the conditions which permit the lodgment of mucinous bacterial plaques on teeth surfaces, with resultant production of lactic and other organic acids which initiate dental decay. These factors have been fully discussed in relation to African teeth. Together with this method of oral hygiene, they probably account for the relative low incidence of dental caries among Africans. It has also been shown how his methods of oral hygiene combined with his social habits, such as kola-nut chewing account for the high incidence of parodontal disease among Africans.

Next, let us consider the condition of the soft tissues. On looking at the oral mucosa of the African what almost immediately catches the eye is the presence of dark lines upon a pinkish background. This is noticeable immediately below the gum margin. It could easily be mistaken for the type of pigmentation that is clinically manifested in such systemic disturbances as Addison's Disease or poisoning by certain heavy metals. In this connection, I will relate to you an argument which arose between a colleague and myself during a session at the extraction department.

> An African had come in for multiple extractions, following attacks of pyorrhœa alveolaris. His mouth was clinically examined by my colleague who became curious about the distribution of dark pigments in the oral mucosa of this patient. He called me in and said :
>
> " Would you like to have a look at the mouth of your country-man, whom I think is suffering from lead poisoning." While the possibility of some heavy metal poisoning could not be excluded at the time, I felt that the pigmentation was normal, in view of the characteristic mode of distribution in the mouth of the African who, otherwise, might be quite healthy.

The distribution, by no means, follows a regular pattern, but it is usually seen along the gum margin, following the contour of the cervical gingivæ and disappearing in the interdental papillæ. In some mouths pigmentation is concentrated in the anterior gingivæ and fades away posteriorly. In others, the whole mucosa of the buccal cavity, the inner aspects of the cheek, the gum and the tongue are heavily pigmented. Since pigmentation occurs normally in the mouth of the African it would tend to mask the type which would show up as a result of certain systemic diseases, especially in cases where this might be the first clinical manifestation. Therefore, when the African suffers from such disturbances other signs and symptoms would have to be looked for.

Systemic conditions which produce pigmentation of the oral mucosa are :

(1) Addison's Disease.
(2) Lead Deposits.
(3) Bismuth Deposits.
(4) Arsenical Poisons.
(5) Coal Deposits.

Addison's disease is an endocrine disorder with oral manifestations. It is due to hypofunction of the Adrenal Cortex which might be caused by tuberculosis or tumour of the Adrenals. Pigmentation may be the first sign of the disease and may take the form of irregular patches of brown or black spots on the mucous membrane of the lips, cheeks, gums and palate. There is also generalised discolouration of the skin, especially in places where there is friction and pressure due to flexion, for example, the albow and armpit. Pigmentation occurs in nipples, umbilicus and hands. Since the cortex is responsible for distribution of electrolytes in the body, disease will impair this function with resultant loss of salt through urine. Because of loss of salt dehydration occurs, and with it loss of weight. Other symptoms are tiredness and indigestion. The blood volume is diminished. Systolic blood pressure falls below 100 mm. of mercury.

The absorption of lead produces a blue line near the gum margin.

The production of this blue line has been explained as follows : the decomposition of protein food debris around septic teeth produces sulphuretted hydrogen which acts on circulating lead and results in formation of the blue line. Therefore, the presence of teeth in the mouth is a necessary condition for the production of blue line following absorption of lead. In other words, no blue line will be seen in edentuous mouths.

Another oral condition of racial incidence is Adamantinoma.

Adamantinoma is a tumour which arises from abnormality of the enamel organ. It is often seen near the angle of the mandible and occurs less commonly in the maxilla. It appears as a rounded swelling which grows slowly in patients of about thirty years of age, having taken about ten years to grow to that size. The tumour has been discribed as locally malignant. Various authorities have pointed out that it is commonly seen among non-European races, and this is confirmed by the number of cases attending ear, nose and throat clinics in West Africa with swellings clinically diagnosed as Adamantinoma.

Other cases have been described by various medical practitioners of persons seen with swellings thought to be adamantinoma but failing to seek treatment either because they are not aware that they can have treatment and do not know where it can be sought or, because the facilities for surgical treatment are inadequate. For precisely these reasons most Africans needing various forms of dental treatment do not avail themselves of it. Consequently, the most painful tooth-ache is endured, or wrong treatment is given with fatal results, as for example, the packing of carious cavities with powdered tobacco—the type of preparation used for snuffing. This results in marked cellulitis of the face and in some cases necrosis of the jaw.

In discussing the mouth and teeth of the African I have merely tried to show conditions which might be produced by racial, environmental and social differences. No attempt has been made to go into the elaborate topic of the ætiology and pathology of Stomatitis, which for all mankind, remain the same.

To conclude, some observations will be made on the values which the African places on the appearance of teeth, as these in some respects differ from European values. A good example is that a diastema between the central incisor teeth is, to certain tribes, a sign of beauty, especially if it occurs in the female sex. The bridal dowry on a young woman may be higher on account of this. I have observed quite the opposite sense of value in this country. Girls have been seen at the clinics at Guy's seeking some form of treatment for closure of diastema between the central incisors. It is not uncommon for certain West Africa tribes to chisel off the inter proximal surfaces of anterior teeth without any form of anæsthesia in order to accomplish what they consider a pleasing facial appearance. To other tribes a great value is placed on teeth with conical crowns. To accomplish this the crowns of the front teeth are chiselled off without any form of anæsthesia and replaced with cone-shaped ivory pegs or some other material that possesses a lustre. The pegs are inserted into the root canals.

As might be expected, severe pathological changes may follow such unkind treatment to teeth. Infection may be introduced through the pulp chamber to periapical tissues, resulting in acute dento-alveolar abscess with its complication osteomyelitis.

CORRESPONDENCE

Letters to the Editor of the Gazette

Eponyms

From Mr. T. B. Layton

SIR,—Your questions No. 5 and 6 in your Christmas Quiz suggest that eponyms are creeping back into medical education—or should I say creeping in for when we were trying to get rid of " old men's names " we had not heard of eponyms ; but no more had Dr. Johnson, nor the editors of the O.E.D. in the sense that it is used to-day? I belong to a period of teachers—or was I, in this also, ploughing a lonely furrow ?—when in the interest of clear thinking, and to relieve the poor students' minds of unnecessary burdens, we were trying to get rid of persons names to describe structures and syndromes, and to replace them by words or phrases that had meaning and were not mere sound.

Customs and decency—which prevents us in medicine from being strictly scientific—will long keep some of them ; and I have no desire to weed out from the garden of our nomenclature the Eustachian and Fallopian Tubes, but all the others should go unless there are good causes in thought for their retention.

" Brevity " is the first of these causes. How can we describe " the incurved lower margin of the aponeurosis of the external oblique muscle of the abdomina wall " other than by " Poupart's ligament "? Sentiment comes in here, with the delight to the Englishman's ear for the alliteration of the two P's followed by the liquid L. The same may be said of " Pott's puffy tumour " which I would retain as a " relic." The condition has I think passed, in this penicillin age. There are now no longer, I presume, those last examples of it that used to occur occasionally with disease of the mastoid, in the days when the hæmo-strep was more markedly pyogenic rather than invasive, before it went slack and lost its virulence in the early thirties.

Let it be granted that in this there is also a bit of " Hero-worship," which may be admitted as a secondary indication ; but never as a primary one. The man who looks to immortality through an eponym is never worthy of it, and neither Lister nor Wilfred Trotter left one. There was no room for Pott's fracture—nor for Dupuytren's either—once William Arbuthnot Lane had made his masterly classification of fractures of the fibula and tibia in the region of the ankle into " *abduction and adduction*," with their various stages and the correlation with the functions of rest and activity in the neighbouring joints.

It will be seen from this that there is no room for " Monteggia's fracture " as an eponym. Rarity is no excuse for one ; and this accident must be very rare. I remember Mr. Thompson, as registrar, discussing such an injury when I was a ward clerk, and about four years ago I had a nasty accident involving the forearm as the 5th Engineer on board ship in which I wondered whether the radiogram would reveal some such thing when we reached port. I think I should have come across it unless it were rare. Two years as surgical registrar under the old terms of service brought every fracture that came into the hospital under your notice and thus filled in the experience of student and young general surgeon not to mention near five years of war. The eponym also must be more than " Monteggia's fracture " which does not tell the area of the body, and " Monteggia's fracture of the forearm " is approaching in length the query in your quiz, which is short and pithy and also complete. Brevity must never be allowed to oust efficiency. This eponym is in my opinion poor surgery, and certainly bad teaching.

Perhaps the most important eponym is the " agnostic " one and Gradenigo's used to come in this category. When he first observed pain in the ear—as I think it was—and abductor paresis of the eye on the same side no one knew where the lesion was nor why the symptoms were associated the one with the other and first there had to be observed enough cases of this rare combination to be sure they were associated. When this was certain no one knew the cause of the pain —or of the deafness if I am wrong in this point—and no one knew why or where the 6th cranial nerve was paralysed. They might have indicated an early stage of some grave nervous disease such as disseminated sclerosis. The important thing under such circumstances was *not* to make a diagnosis ; and what can be a better label for an agnosis than an eponym ?

Slowly the problem was thrashed out, by negative observation on the part of the neurologists who found no other nervous signs in these patients who gave no history of other nervous symptoms ; and by positive observation on the part of the otologists by working out the earliest physical signs of otitis media, by finding that any deafness present was conductive not nerve palsy, by the more intimate study of the anatomy of the region as a result of the spur given to it by the work of Onodi of Buda-Pesth, and finally by radiography. As a result we now know that the combination of these two or three symptoms is always the result of an inflammation of the middle ear cleft and that the nerve palsy is anatomically on a par with a retro-aural swelling or lateral sinus invasion, and we make a diagnosis to that effect instead of a suspension of decision, and Gradenigo's syndrome as a useful term has passed away.

One of the disadvantages of eponyms is their variations in different countries. Thus Graves' disease was the eponym for exophthalmic goitre over here and in Ireland ; but on the continent it was called Basedow's disease. When thyrotoxicosis was worked out both eponyms became unnecessary, and exophthalmic goitre a misnomer owing to the urge to diagnose the condition before there was any goitre or protrusion of the eyes. Another way that confusion may arise is when a disease is given a name in one country and eponym is used for it in another. Thus we all knew over here who it was that described infantile scurvy ; but I think many of us would have been in difficulty had a German started talking to us about Barlow's Krankheit which was the name by which it was recognised in his country.

Finally, there is the indication for an eponym, which I cannot but call " The indication by Deceit." We cannot hide from ourselves the fact that in clinical medicine we have sometimes to withold the truth from our patients or those around them. Sometimes we do it by the lie direct, sometimes by a suppression of a part of the story. It is in this second event that an eponym may be of such use, and that associated with the name of Ménière is a case in point. Originally it was described in a case—I think a young woman—of an embolus into one labyrinth. The fact that she had one of the grave blood diseases is beside the point except that her early death enabled contact with her to be maintained and the cause of the symptoms to be determined. " Ménière's disease " is therefore acute destruction of the labyrinth from an embolus. I do not know that the original observation has ever been repeated. From this arises a syndrome of complete deafness associated with severe giddiness, even to the stage of vomiting, over a period of time, from the unbalanced action of the other labyrinth. That accommodates itself in the course of time, or, as we should say, the brain accommodates itself to the altered stimuli. Barany used to say that this was complete by the end of a week ; but in the only patient with whom I have come in personal contact it took a month. " Ménière's disease " then was as I have indicated. The functional " disorder" arising from it was in two stages, first complete deafness and giddiness lasting for a time, then deafness only, lasting for life.

It was at this stage that the eponym " Ménière " began to go wrong. It was first used for giddy attacks associated with deafness that was not complete. Among these were a certain number of cases of serious disorders, which were sorted out by the neurologists and otologists and given their appropriate nomenclature. Then the eponym became attached to the giddiness only, but the tradition of deafness remained and even when patients insisted that they were not deaf at all the otologist would find a retracted drum-head, suppose a Eustachian obstruction and blow up the ear, sometimes with success, which tended to be transient, and had to be done again, for a few times, after which it tended to lose its efficiency.

And then some of us younger otologists dissociated the word Ménière from the deafness and applied it to giddy attacks in which no organic lesion could be found ; and we started to search for " a cause." First we accepted the pathology of our seniors who said it was " phlethora " which had just become " high blood pressure "—before "Hypertension." This was blown sky-high at the otological level by Dr. Lewis Smith of the London who produced a record of a large number of cases all carefully examined by him as a physician, including estimating the blood pressure, other than by the finger on the pulse, and none of them had a high blood pressure while most of them had a low one. Dr. Lewis Smith had a very high reputation among his contemporaries, including Dr. Fawcett, and this was fortunate because it stopped us trying to cure giddy attacks by reducing high blood pressure. There are lots of things that will do that ; but nothing that will raise the blood pressure even for a short time except anger and you cannot prescribe making an elderly lady cross. It would not be fair upon her daughters.

And thus the eponym "Ménière" remains, but what is the word to be used with it ? Not " syndrome," for it is one symptom only. Not " disease " for there is none. Hardly even " disorder " for the vestibule is functioning normally. You cannot call it psychosomatic disease for there is nothing wrong with the " soma." For many years I have been suggesting Metchinkoff's term " disharmony" (The Nature of Man, 1903) for this and similar disturbances, but I do not know that any of my pupils have adopted it. I find, however, it is useful to talk to a patient about " Ménière's disharmony " and then elaborate on the second word. To do so allays fear, and patients will react to it. Doctors do not. They will use a new drug ; but they fight shy of a new idea.

In these cases of " Ménière's disharmony " there usually is some minor distress of the mind to which the patient can see no end, or where the end is so far away or associated with such distressing ideas that you cannot mention it. This is where the " eponym of deceit " comes in. If you can find the disharmony and talk freely of it, if you can give advice, that may help to end it. That is the right approach ; but you cannot tell an elderly woman nursing a husband with a cancer of the gullet that her giddy attacks will end about a year after he is dead. You must then skate round the subject and offer a placebo for there is no drug or treatment that will have any effect upon the condition excepting by suggestion, which will gradually work out its effect and leave the patient worse, as did the old Eustachian Catheterization. The fashionable placebos of to-day are aspirin and phenobarbitone. They are best avoided for there are disadvantages with both of them from over use, which the patients are inclined to employ. When I have to prescribe them I order the patient, with the utmost emphasis, to take one and see if that has effect. If it does not they may take two, if these do not they must throw them away, for more will have no effect. I add that if they use one only they may repeat it three times in the day ; if they used two they may only repeat it once ; and I conclude with the words " Not more than two at a time, and never more than four in the twenty-four hours." There is much more that I could write of how I tackle these " Ménière's attacks " but each doctor has to build up his or her own approach.

I think these things exhaust the usages in clinical medicine of eponyms, except as hobbies for aging persons in a back room of some college or other centre of education ; and for us seniors to talk wisely about at historical meetings of the great subject of Medicine.

And so, without apologies for the length of this letter I beg to remain

Yours, etc.

T. B. LAYTON.

Papers by Guy's Men

From Mr. Murray Falconer

SIR,—On page 24 of the January 9th issue of the *Gazette* under the title " Papers by Guy's Men " I see that a paper by myself and Dr. Pond is described as by " Falconer and another."

Dr. D. A. Pond is a consultant on the Guy's Staff with two sessions a week to do electroencephalography. He should therefore be mentioned also.

Yours, etc.

MURRAY A. FALCONER

We offer Dr. Pond our apologies for omitting to publish his name as part author of the paper concerned.—EDITOR

Aunt Sally

SIR,—The editor of the *Gazette* covering himself with his shield of ambiguity, couches his lance, spurs Rozinante, and rushes furiously upon the whirling armed giant. Don Quixote was worsted by the windmill, and so I hope will be the editor of the *Gazette*. The prevailing edge of his sword might well be used against worthier foes than the shower-baths in the Pavy Gymnasium.

It is regretted that the editor (or is it Sancho Panza ?) cannot suit the temperature of the water to that of his steaming frame, but I take this opportunity to assure your readers that the Works Department make frequent visits to repair the defects. On occasions they have found the taps detached or twisted as if by some malevolent spirit, perhaps because they were not made to withstand repeated blows of a lance. If users were more careful, failures would be less frequent.

Major changes in the plumbing are not immediately feasible. At the last meeting of the Clubs' Union Council it was recommended that the Gymnasium be heated. A scheme to provide radiators and hot showers has now been prepared by the Consultant Engineer to the Hospital ; this will be effected in the summer at an estimated cost of £400. Next year perhaps the editor will enjoy a more reliable and constant hot water shower after his physical exercise, be it with sword, lance, squash racket or boxing gloves.

Yours, etc.
P. A. LANE ROBERTS,
Secretary to the Clubs' Union.

It is encouraging to know that the Editorial Nag still gallops fearlessly across the jousting yard behind York Clinic.—EDITO

GUY'S HOSPITAL MUSIC CLUB
CHRISTMAS CONCERT

Brandenburg Concerto No. 2 in F Major	*Bach*
Mass in G (D.167)	*Schubert*
Concerto for Oboe (Two Movements)	*Corelli*
Melody	*Morgan Nicholas*
Sonata in B Flat (Allegro)	*D. Scarlatti*
Fantasie	*Fauré*
Ave Verum (K.618)	*Mozart*
Song of Destiny	*Brahms*
Fantasia on Christmas Carols	*Vaughan Williams*

For their Christmas Concert on 15th December, the Music Club presented a most interesting programme. It has for long been the tradition of the Club to seek out for performance works from off the beaten track, and ones which may seldom be heard at public concerts. It has been alleged that the motive behind this commendable aim is to deprive the unsympathetic critic, unaware of the peculiar problems faced by Music Club conductors, of comparing in his mind these performances with those heard in a more modern building also on the South Bank. Thus complaints of dissonance can be refuted with explanations that any cacophony of sound produced was intentional, and as directed by the obscure composer in his rarer score. But in this concert there were no grounds for such allegations, and Mr. Frederick Marshall, welcomed as conductor at Guy's for the first time, is to be congratulated on producing such a varied and enjoyable programme to the obvious delight of the audience.

The concert opened with a splendid performance of Bach's 2nd Brandenburg Concerto. So often a high insistent trumpet drowns its quieter and more reserved partners, and one was glad of the opportunity to hear this performance, in which the trumpet part was played an octave lower than usual. A very satisfactory balance was thus obtained, and the soloists, three of whom were members of the hospital, gave a most enjoyable reading of a notoriously difficult work. At times the tempi could have been relaxed a little, which would have resulted in a greater clarity of texture, but with no loss of the vigour or spirit communicated.

The backbone of the Club has always been the choir, who on this occasion gave continued proof of their versatility. One felt that they suffered from lack of confidence, probably due to the short time available for rehearsal of such a heavy programme. Perhaps it was a mistake to embark on Brahms' Song of Destiny, never likely to be entirely satisfying in a performance on a chamber scale, without the added warmth of a full accompaniment. A most happy choice was Schubert's Mass in G, sincere and full of beauty, and unaccountably neglected. This and the short Mozart Motet brought forth from the choir the best singing of the evening, mostly accurate and balanced, and sensible to the many variations in mood demanded. The trio of soloists were well matched, and particularly pleasing was Mr. Keefe's warm bass voice, heard later also in Vaughan Williams' seasonal Fantasia on Christmas Carols which ended the concert.

The interlude of small-scale chamber music was most enjoyable. Mr. Hall, who until little more than a year ago had never even handled an oboe, delighted us with three short pieces, especially with the impish humour of the Corelli Allemande, which any moment one felt might develop into Rule Britannia. Mr. Bradley displayed incredible dexterity in his nimble performance of a movement from a Scarlatti Flute Sonata, and charmed us with the gay reverie of Fauré's Fantasie. Mr. Baker's accompaniments were as always sympathetic, though at times the resonance imparted to the piano by the dome of the Physiology Theatre threatened to overpower the soloists.

For the first time since the war, over half the orchestra were members of the hospital, and it is to their credit, and to the kind friends who came to support them, that they produced such a good sound. A most enjoyable concert, and we look forward to Mr. Marshall's next : rehearsals are starting for Haydn's " The Seasons " and a Bach Cantata.

A.J.S.

HOSPITAL INFORMATION

APPOINTMENT

Frank Cook, F.R.C.S., F.R.C.O.G., appointed to the Board of Governors of St. Thomas's Hospital.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 *line* 2*s.* 6*d.*, 3 *lines* 6*s. Box Numbers* 6*d. extra.*
Ordinary rates :
1 *line* 6*s.*, 4 *lines* 20*s. Box Numbers* 9*d. extra.*

Required

NEOPLAN HÆMOMETER (Hellige). For Hæmoglobin estimation. Box No. 27.

For Sale

DANIEL DEFOE. Works. American Library Edition. University Press. John Wilson & Son, Cambridge, U.S.A., 1903. T.E.G. Good Condition. 16 Volumes. 6 Guineas. On view at Gazette Office.

MICROSCOPE—(Perry). Two objectives—two-thirds and one-sixth. Excellent Condition. £25. Box No. 26.

HOUSE APPOINTMENTS

March 1st, 1954

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on March 1st, 1954 :—

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of O.P.O. (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of O.P.O. (Medical) or will remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Out-Patient Officers (*Pre-Registration*) .. 5
House Surgeons (1 *Pre-Registration*)
(1 *Post Registration* .. 2
House Physicians (1 *Pre-Registration*)
(1 *Post Registration*) .. 2
Resident Obstetricians 2
(1 *Pre-Registration commencing* 1.3.54)
(1 *Post Registration commencing* 1.5.54)

Ophthalmic House Surgeon (*Non-Resident*).. 1
(*Post Registration*)

Throat and Ear House Surgeon 1
(*Pre-Registration*)

Neurological House Physician 1
(*Post Registration*)

Children's House Physician 1
(*Pre-Registration*)

House Physician to the Department of Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) 1

House Physician in York Clinic 1
(*Senior House Officer*)

Resident Anæsthetist (*Post Registration*) .. 1
(commencing 20.3.54)

R.M.Os., Nuffield House (*Grade : J.H.M.O.*) 2
(1 commencing 18.3.54, 1 commencing 8.4.54)

The Medical Committee will also consider applications for appointments at outer hospitals as follows :—

QUEEN MARY'S HOSPITAL, SIDCUP
House Physician (*Pre-Registration* or *Post Registration*) 1
Casualty Officer (Recognised for Fellowship) (*Senior House Officer*) 1

ST. JOHN'S HOSPITAL, LEWISHAM
Casualty Officer (*Pre-Registration*) .. 1

LEWISHAM HOSPITAL
House Surgeon (*Pre-Registration*) .. 1
(For duties in General Surgery and Urology)

JOYCE GREEN HOSPITAL
House Surgeon (*Pre-Registration* or *Post Registration*) 1

PEMBURY HOSPITAL
Orthopædic House Surgeon (*Senior House Officer*) 1

Children's House Physician (*Senior House Officer*) 1

Applications, giving choice of post and choice of Hospital in order of preference, should be lodged in the Superintendent's Office not later than **Monday, February 1st, 1954.** Candidates who apply for appointment at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES

Pre-Registration Candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical or Medical posts respectively. The post of R.O. will, in future, be regarded as a surgical post only and not a medical post.

W. D. DOHERTY.
Superintendent.

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1.

Applications are invited for the post of Non-resident Senior House Officer in the Casualty Department for five morning sessions weekly. The appointment is for six months from the 1st March, 1954. Applications and copies of three recent testimonials should reach the Hospital Secretary by **Monday, 8th February, 1954.**

NURSING STAFF

Preliminary Training School

New Entry, 30th December, 1953

M. Bolton
B. Black
F. Blaver
C. M. Boyle
B. Carter
J. A. Crooke
J. Crowle
S. M. Donaldson
E. Downey
M. Fabling
G. Guylee
D. F. Groves
A. Hoyle
J. Hooper
F. Hamilton-Miller
G. Jarvis
D. Longmire
V. Marcus
H. McCormack
S. Mitchell
E. Munster
E. Nichols
M. O'Brien
A. Penn
E. Penwill

E. Rice
J. Richards
S. Richmond
P. Roberts
J. Rush
R. Shaw
F. Scholefield
M. Scutt
D. Sewell
J. Spiers
A. Stevens
A. Stevenson
B. Sweet
A. Thomas
J. Townsend
M. Tullett
G. Voss
J. Wakeling
C. Williams
J. Williams
R. A. Williams
J. Wyatt
J. R. Wheeler
A. Wilson
N. Woodward

E. Beauchamp
P. Norrington

(*Entered January 1st,* 1954. *For affiliated training from Moorfields Eye Hospital.*)

PASS LIST

UNIVERSITY OF LONDON

M.D. Part I

December, 1953

J. H. Evans
R. Moore

Third (B.D.S.) Examination in Dental Surgery

December, 1953

Pass

L. J. Cheeseman
M. W. Cooksey
Helen C. Cummings
D. C. A. Picton
D. J. Wicker

Supplementary Pass List

The following Students have passed in Group I.

G. W. Cowley
J. J. Hall
I. M. Hauldren
B. C. Rich
J. C. Stephenson
P. J. Willard

Second Examination in Dental Surgery

Part I

December, 1953

Sheila M. Evans
M. A. Gillon
G. M. Huddleston
R. G. James
D. D. Jones
J. A. A. Ranson
W. A. A. Renner
R. W. Slee
R. E. Turner

Part II

December, 1953

W. M. Boyle
N. W. V. Bryan
Annie Hanegraaff
P. Jones
G. L. Lyne
W. A. Miller
D. A. Rees
P. B. Webb

Special First Examination for Medical Degrees

December, 1953

A. H. Noll
I. W. Scantlebury
Ann E. R. Welch
M. J. Woodman

The following General Certificate of Education Candidates have qualified for exemption from the First Medical.

I. G. Creed
D. M. Holmes
P. W. James
D. T. H. Lloyd
K. F. Moos
D. L. Rivett

GUY'S HOSPITAL MOTORING CLUB

The next event will be held on Sunday, 24th January, starting at 1.30 p.m. One inch O.S. Map No. 161 will be required and the start will be at reference No. 428995. The event will be a rally of approximately 60 miles and will finish near Brentwood for tea. The entry fee is 5/- per vehicle and motorcycles are eligible.

CHANGES OF ADDRESS

G. W. Garland, M.B., B.S., M.R.C.O.G., 13 Elm Avenue, Ealing Common, W.5., and 51 Harley Street, W.1. (Tels. Ealing 1360 and Langham 3711.)

H. P. Guerrier, F.R.C.S., 48 The Terrace, Torquay, Devon. (Tel. Torquay 3763.)

BIRTHS

BURN.—On 1st January, 1954, at Guy's Hospital to Peggy (née Bird), wife of Robert Burn, F.R.C.S., a son (Richard)—brother for Anne.

CROOK.—On 13th January, 1954, at the Military Hospital, Tidworth, Hants., to Ruth (née Bellamy), wife of Major J. C. Crook, R.A.M.C., a son (Philip Laurence Cooper) —a brother for Rosemary.

EVANS.—On 13th January, 1954, at Nuffield House to Winifred, wife of Michael L. Hudson Evans, M.R.C.S., L.R.C.P., a son (Simeon) —a brother for Timothy, Sara and Jonathon.

NICHOLSON.—On 14th January, 1954, to Dorothy Christine (née Clark, S.R.N.), wife of Nigel Geoffrey Nicholson, M.B., B.S., a son (Alan Fraser)—a brother for Susan Penelope.

PRICE.—On 2nd January, 1954, to Anne (née Byatt), wife of Michael Price, M.D., M.R.C.P., of 18 Blackheath Park, S.E.3.—a son.

RUSSELL.—On 9th January, 1954, at Guy's Hospital, to Maureen (née Hatton), wife of Patrick Russell, M.B., B.S., a son (Jeremy Peter).

MARRIAGES

LYNE—HENDERSON.—On 9th January, 1954, at Christ Church, Cockfosters, Peter Jespersen Lyne, M.B., B.Chir., to Hazel Rosemary Henderson, M.S.R.

RANKIN—CHARLES.—On 9th December, 1953 at Southwark Cathedral Lloyd Sinnett Rankin, M.B., B.Ch., to Audrey Mary Charles, S.R.N.

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVIII No. 1710 6th February 1954 One Shilling

PASSIM

When icicles hang by the wall
And Dick the shepherd blows his nail . . .

WE have seen no icicles to speak of in the Borough because there has been little here in the way of snow. But in the provincial towns they hang in plenty. Where the snow has bulged over the eaves and slipped downwards under the struggling rays of the wintry sun, drips of water have started to slide to the ground, then, changing their course, have contrived to stay aloft, congealing the one beyond the other to form a frozen shaft of glittering diamond. Under one such roof there hung twenty or thirty massive spikes tapering from the thickness of a man's wrist at the root to the finest of points some eighteen inches nearer the ground. The ground, indeed, was the pavement below over which passed an endless stream of innocent people engaged in their daily business.

The shocking accidents which have overtaken children playing on frozen ponds during these past bitter days make one suspicious of ice in any form. Supposing (one thought) some perverted mind had fixed a row of steel spikes under the eaves of a roof which overhung the roadway in the very manner of this diamond-decked fringe, and supposing, too, a notice in clear letters was placed for all to see carrying the words : " These steel spikes will fall, singly or collectively at any hour, probably during the day time, upon the pavement over which you are about to walk. There will be no warning." What then ? Architects, town planners and police have yet more parts to play—meanwhile the old steel helmet might come in handy.

Perhaps of all the men who have been students at Guy's, John Keats has the greatest international fame. Books about his life, his poetry and his letters constantly appear in many countries of the world. On the anniversary of his death, February 23rd, the Keats-Shelley Memorial Association is holding a meeting in the Anatomy Theatre at 5 p.m., at which the Marchioness of Crewe will preside, and when a paper will be read by Mr. F. N. Doubleday on " The Portraits of John Keats," illustrated by lantern slides. This meeting is open to all.

Canon Steele's letter to the *Gazette* which we print on page 48 has brought to light and to life scenes at the Hospital which, to the majority of us, must seem matters of history rather than of continued personal experience. Yet here we have the comments of a man whose father was appointed to the staff of Guy's over a century ago. One sentence in particular suddenly springs to life—" He was stoned by some of the students in the colonnade for his nursing reforms." One wonders how such reforms could have affected students adversely, and why they felt so strongly on this subject ? Such a scene, especially on such an issue, would be almost inconceivable today. Dr. Brewin's survey in the *Gazette* last October and the contemporary obituaries which we reproduce in this issue all testify to Dr. Steele's profound influence for good at Guy's Hospital.

The article which we reprint from the *Hospital*—a journal which, in its original form, ceased publication in the 1920's—reveals the remarkable change which has come over journalistic style in the past sixty or seventy years. Yet its elaborate (and to modern eyes somewhat sermonizing) measures convey in a most vivid way the scene at Guy's that November day in 1892 when Dr. Steele's body was carried on its last journey. The " grey-haired senior physician " was, of course, Dr. Philip Henry Pye-Smith†. Of " the nameless poor who flocked into the hospital quadrangle " there may, indeed, be many alive today who as children witnessed the sight : there must also be Guy's men who from their student days may still recall the first Superintendent's funeral. We cannot call to mind any similar scene in more recent times. The front quadrangle itself is much changed since the advent of motor cars obscured, with serried rows of vehicles, the spacious vista of the entrance, and the enemy's bombs some thirteen years ago threw open the southern boundary of sombre brick and stone.

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† *His portrait hangs outside Mary Ward.*

GUY'S DIARY

FEBRUARY		Exhibition. Department of Surgery. *Famous Names in Surgery.*
9th T	1.00.	Dr. E. J. Crisp. Clinical Lecture. *Intervertebral Disc Lesions : Fact and Fallacy.*
10th W	4.45.	Guy's Science Club. Mr. N. Veall. *Radio-active Isotopes in Clinical Medicine.* Chairman, Dr. W. N. Mann.
11th Th	5.00.	Mr. Murray Falconer. Neurosurgical Demonstration. Clinical Theatre.
		X-ray Meeting. Gordon Museum.
12th F	1.00.	Dr. Ralph Kauntze. Clinical Lecture. *Dyspnoea.*
	2.15.	Clinico-pathological Meeting. Gordon Museum.
13th S	10.00	Mr. F. R. Kilpatrick. Surgical Departmental Round. Clinical Theatre.
		Rugby. England *v.* Ireland. (Twickenham).
15th M	1.00.	Professor W. E. Herbert. *Traumatic Injuries of the Teeth.* Dental Theatre.
16th T	1.00.	Professor W. R. Spurrell. Clinical Lecture. *The Use of* O_2 *and* CO_2.
18th Th	1.00.	Mr. L. Willmore. Clinical Lecture. *Disorders of Voice, Speech and Language with Recorded Illustrations.*
	5.00.	X-ray Meeting. Gordon Museum.
19th F	1.00.	Dr. H. E. Holling. Clinical Lecture. *Peripheral Vascular Disease.*
	1.00.	Mr. K. Hooper. *The Removal of Roots from the Maxillary Antrum.* Dental Theatre.
	2.15.	Combined Round. Pre-clinical Classroom.
20th S		Rugby. 1st XV *v.* Aberavon (H.O.P.).
23rd T	5.00.	Keats-Shelley Association. Public Lecture. Mr. F. N. Doubleday. *The Portraits of John Keats.* Chairman : The Marchioness of Crewe. Anatomy Theatre.

OBITUARY

OWEN WYNNE GRIFFITH, O.B.E., L.R.C.P., L.R.C.S. (Edin.)

Last month there died one of the oldest medical practitioners in Wales, Alderman Dr. O. Wynne Griffith, of Pwllheli. He was 97. He qualified at Guy's in 1878. For over sixty years he served the scattered towns and villages of South Caernarvonshire and, before the days of motor cars, his pony and trap were a familiar sight. He claimed to know more people than anyone else between Snowdon and Bardsey Island. He was a prominent member of the Borough Council, Mayor of Pwllheli twelve times and an alderman of the Caernarvonshire County Council. We extend our deep sympathy to his daughter and son.

CHARLES DERWENT EDWARDS,
M.C., M.D., B.A., B.Ch. (Cantab.) D.P.H.

Charles Derwent Edwards was born at Rugeley in 1870, education at Hereford Cathedral School, St. John's College, Cambridge, and Guy's Hospital. He married, like the wisest of us, a Guy's Sister, Janet Louise Paterson, whose life, like his, was devoted to the best sort of good works. She died in 1949.

He was Captain R.A.M.C., 102nd Field Ambulance, winning the Military Cross ; and Sanitary Specialist to the 34th Division. In practice first at Woodford, and later at Chalford, he retired in 1926 to Huntington Court, Kington, Herefordshire, where he became immersed in every sort of work for the benefit of his county and especially his village neighbours.

For many years he was tireless in promoting the longevity of an old Guy's dinner Club, the "Honourable Company of Eaters," which was born in 1892, the first Presidents being Fripp, Bryant, and Fawcett. It was still masticant in 1936, and in case the minute book may be of interest to some survivors, the Editor of the *Gazette* is asked to take charge of it.* The menu traditionally featured marrow-bones, and the dinners were held at first at the St. James' Restaurant.

Such was the extreme diversity of his country interests that they can only be recorded as a list. He was Churchwarden and beneficent Patron of his village, Chairman of the local British Legion, and member of the County Executive, Commissioner of Income Tax, District Commissioner of Boy Scouts, Governor of Lady Margaret Hawkins' Grammar School (XVIth century) Vice-President of the North Herefordshire Conservative Association, and Chairman of the Leominster Branch of the Junior Imperial League, Chairman of the Kington District Nursing Association, Trustee and Benefactor of Kington Victoria Cottage Hospital, and President of the Kington Division of St. John's Ambulance Brigade.

For years Kington Horse Show, the event of the year, claimed him as Chairman; his roses were famous in the West ; he was a Beemaster. He was a good Rugby player, and secured a blue at Cambridge for the three miles. A keen follower of hounds, he was also an excellent shot and a wizard with a fly on the Arrow.

Not many of us, twenty-six years after retirement both from practice and from his old environment could expect to be followed to the grave by old patients from seventy miles away. He was that sort of a man.

G.W.D.

**This interesting relic can be inspected at the Gazette office.*

LLEWELLYN STANLEY HOWARD GLANVILLE, M.D.

On January 15th Dr. L. S. H. Glanville, who qualified at Guy's in 1903, died at Emsworth, aged 75. He was much loved in the neighbourhood where he was widely known as a family doctor of the finest type. He served in the 1914–1918 war in Gallipoli, Egypt and France and throughout the late war bore the burden of a heavy practice while his partners were away. He was Chairman of the House Committee of the Emsworth Hospital.

THE THIRTY CLUB

The twenty-fifth dinner of the Thirty Club will be held on Friday, 21st May. Mr. C. H. Laver will be Chairman. Members will receive details later but are asked to make a note of the date.

A LINK WITH THE FIRST SUPERINTENDENT OF GUY'S—

DR. CHARLES STEELE

Dr. John Charles Steele, Superintendent 1853–1892.

In our issue of October 17th last year we printed an account by Dr. T. B. Brewin of the origin and development of the post of Superintendent of Guy's Hospital. This article aroused widespread interest and has had a remarkable sequel. Not long ago we received a letter from Canon Guy Steele, one of the surviving sons of the first Superintendent. With his letter he also enclosed extracts from the *Hospital* and the *British Medical Journal* at the time of his father's death. Canon Steele's letter is printed in full below together with the extracts which we reproduce by kind permission of the editors of the two journals concerned.

Gombards House,
Verulam Road,
St. Albans.
Jan. 4/54

Dear Sir,

I am one of the two surviving sons of the first Superintendent of Guy's, and have just read the comments on the Superintendents in the " Gazette " of October.

The writer says, " We do not know a great deal about him." Might I enclose a page of " The Hospital," written by Sir Francis Burdett, who knew him in his latter days, and one from the " British Medical Journal."

I think my father was a " great man," in his personal and human qualities. As I remember him, he represented the Hospital to others in his own person, in an astonishing way. He was *the Hospital.*

It is to be remembered that he was a pioneer—(1853). *He inherited the " Betsy Gamp " type of nurse, and the " Tom Sawyer " type of student and he had to evolve order out of chaos. He was stoned by some of the students in the colonnade for his nursing reforms. He was first to introduce a " Model Hospital Laundry."*

I have a letter to him from Florence Nightingale, asking him to show the laundry to a foreign visitor. " It lies," she said, " at the foundation of all my nursing reforms." He was also the Chairman of the Committee which introduced nursing pensions. The Governors made him keep down expenses. It was under their direction, conscientiously, that he carried out his duties. The Governors in his time were a very conservative body, and he would not have felt free, I imagine, in his time, to introduce new schemes like those of Sir Cooper Perry's, in opposition to the governing body as it was in those days.

But Guy's in his time was certainly not asleep!

Nor was he lacking in drive or foresight. I think his photograph speaks for itself.

As his son, I can speak of his integrity of moral character, and the fact of the influence of his religion. His life at Guy's was to him a "stewardship," and he tried to fulfil it as faithfully as he could, 1853–1892—laying foundations.

Yours very truly,

(*Canon*) *T. Guy Steele.*

. . . .

From *The Hospital*, November 19th, 1892—

FAITHFULNESS AND KINGSHIP

It would not have been anything but fitting if some venerable minister of religion had pronounced one word of eulogy over the coffined body of John Charles Steele, in the quadrangle of Guy's Hospital last week, as he was carried out to his funeral. There, in the presence of the hospital authorities, of the grey-haired senior physician and all the other physicians and surgeons, of the senior and junior medical students, the matron, the sisters, and the nurses, of a great number of representatives of other hospitals, and of private friends of the deceased, above all in the presence of that large crowd of sorrowing poor from the surrounding district who had flocked so eagerly to pay a last tribute of respect and love to one who had been their friend in many an hour of sickness for forty years, it would have been fitting that the voice of authority and of religion should have pronounced a modest "Well done." The true epitaph of the dead man might have been uttered in a sentence: "He did his work well; he did it all his life; he died at his post: *Si monumentum quaeris circumspice.*"

Dr. Steele belonged to a class of persons who, when they die, though they are not "unwept," nor even "unhonoured," are certainly "unsung." He was conspicuous in life for one thing, and perhaps for one thing only. He did the work which was his allotted task, and did it always well. It was not an insignificant post to which he was appointed when he became medical superintendent of Guy's Hospital. He was the chief minister, perhaps the king, in a peculiar kingdom—the kingdom of the sick and the injured, the feeble and the defenceless. His subjects were many, but they all had this in common, that they needed a human providence to take entire charge of them, to heal their sicknesses, and to minister to their smallest as well as to their greatest wants. A still greater company of occasional subjects, in the shape of out-patients, looked to Guy's Hospital and to Dr. Steele in the hour of their need and distress. A daily task of great magnitude and of supreme importance, it is evident, was the work of this man. How did he acquit himself in it? His power for good was unlimited, and his power for evil hardly less so. He ruled the little kingdom of Guy's Hospital for nearly forty years, and when he died it was almost as if the hospital itself had come to a temporary standstill. Nobody has acclaimed the dead man in the public press; and yet he was a rare man, and deserved to have been acclaimed.

Dr. Steele was not of those whose work is in public places, and who, therefore, become conspicuous among their fellow men, even though their own peculiar merits be sometimes of the smallest. But he belonged to that absolutely indispensable class whose place is in the very centre and stress of the actual work which the world is daily doing. Little that he did was "seen of men." But all that he did was known to a discriminating few in the hospital world, and to large numbers of the South London poor who, to the great world, are not so much as names or even numbers. The discriminating few laid him to his rest with true mourning; and some of them felt with a pang of half remorseful surprise that they were burying a man whose life and work had been altogether greater than they had given him credit for. But the nameless poor who flocked into the hospital quadrangle felt no such pang of surprise and half remorse. They had always known Dr. Steele was a kindly and helpful man; that he made Guy's Hospital a welcoming home for them when sickness and helplessness pressed them hardly. They knew that he was not too stern, not too stiffly official; he was human, and fatherly, and had a touch of wholesome humour about him. The women and children of South London loved this friendly soul, and so, too, did the men. He shone like a kindly light in a place where not only the night but the day is often gloomy; and for all these things the poor, with one voice, blessed him.

But Dr. Steele found a way to other hearts as well as those of the poor. Nothing at all but the truest worth can win the respect and affection of those very peculiar human beings who constitute the medical and surgical staff of a large London hospital. The life-work of such men is so full of stern reality that unreality of any kind becomes painful and almost hateful to them. This medical and surgical staff held Steele not in regard only, but in affection. The old man was dear to them. It was the same with the students, senior and junior, industrious and "chronic." They had all learnt to trust him, they knew he understood them, and would take trouble to serve them. But perhaps the regard which rises to enthusiasm was most conspicuous among the sisters and nurses of Guy's Hospital. Dr. Steele felt like a father towards them all, and they all in turn learnt to give him their confidence and to seek for his helpful guidance exactly as they would that of a father ; and all this for nearly forty years. Generation after generation of students came and went ; probationer nurses became sisters, and sisters matrons ; even the members of the medical staff commenced their career, became mature, and grew old with Steele still there in his old place through all the changeful years. It was as if he had been born with the hospital, and was its living soul, without which it must almost cease to be Guy's.

Now all this, we contend, is worth thinking of. We invite hospital workers of every class to think of it. A truly honourable life was laid down when Dr. Steele died. He painted no great picture, he wrote no great book ; but if ever the deeds of men are weighed up, Dr. Steele will have a place amongst those true royalties who, through a long lifetime, have been the faithful and loyal servants of the subjects committed to their charge.

It is not our wish to preach a funeral sermon, but it is our desire to place before hospital workers of every class the greatness of the work in which they are engaged, the noble nature of the opportunities which lie before them, and the high esteem and honour they may win from a discriminating few—and, shall we not say, from a still higher and more supremely-righteous judge ? By doing loyally, and with their whole heart, the work which lies to their hands in hospital life, they may win the verdict from their fellow men that they are not unworthy of immortality. After all, the doctor and the hospital worker has no natural clinging to the creed of the materialist. Hospital life does not abolish humanity in men or women ; rather it makes them more truly and tenderly human. Their work and their duty are almost entirely hidden from the great world ; and, however marvellous and even brilliant the work may sometimes be, they seldom receive the plaudits of the admiring crowd. But in his heart of hearts the deep-thinking and sober hospital worker, though beset by many doubts unknown to those who think less than he, admits, perhaps timidly, the hope that one clear eye may see his work, that one unerring mind may judge it, and that at some future day, in the long life of the universe, his wholesouled efforts of mind and will may be placed side by side with the greatest of the great public achievements that have won the admiration of all who have seen them in the world of time. In the long run it is our hope that kingdoms will be to the kingly. Dr. Steele has had his little kingdom, and has administered it well to the end. Why should not such fidelity receive a still higher reward ? In the most venerable of books we are taught that those who are faithful and loyal to high duty to the end of life shall be made "kings and priests, and shall reign for ever and ever." Can there be any higher duty than that of the hospital worker ? Can any man be worthier of a glorious immortality ?

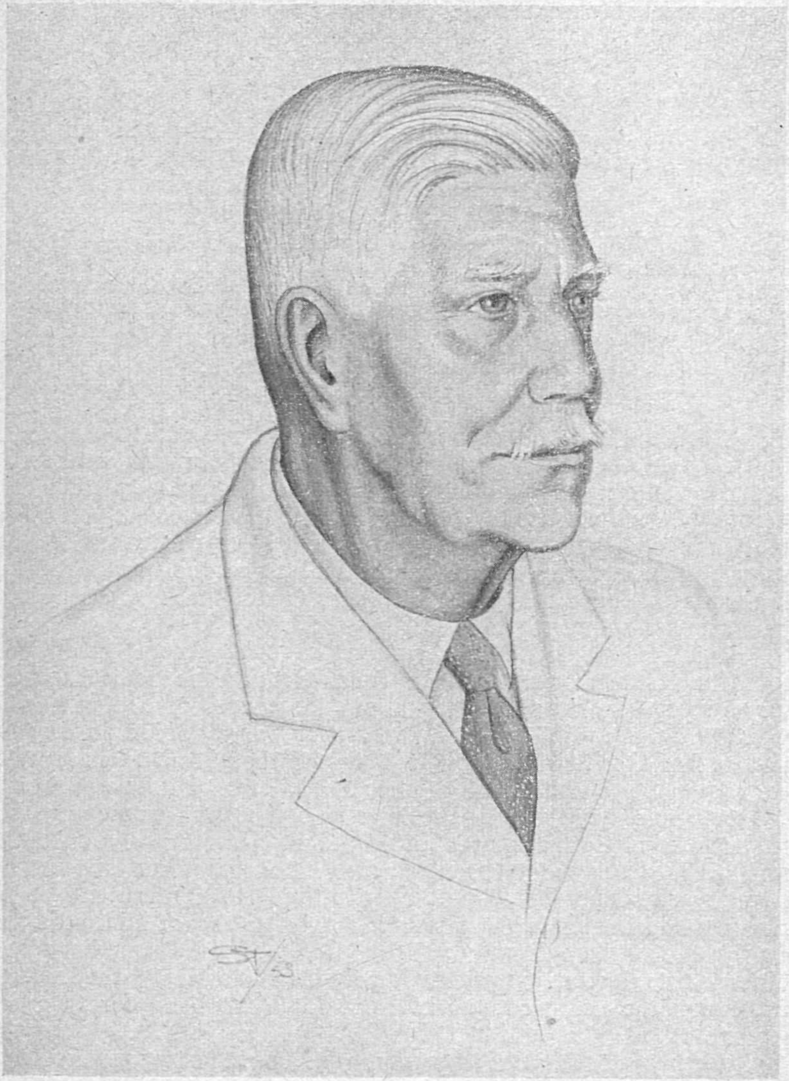
. . . .

From the *British Medical Journal*, November 26th, 1892—

DR. STEELE, OF GUY'S HOSPITAL

We deeply regret to announce the death of Dr. John Charles Steele, M.D.Glas., L.R.C.S.Edin., the Medical Superintendent of Guy's Hospital, on November 6th, at the age of 71. The deceased gentleman, who took his L.R.C.S. diploma at Edinburgh in 1843, and the degree of M.D. at Glasgow in 1848, was the author of "Vital Statistics of Guy's Hospital from 1854 to 1861." an "Analysis of Patients Treated at Guy's Hospital from 1861 to 1868," of "Hospital Dietaries," &c., and was Howard Medallist of the Statistical Society for 1876 for his "Essay on the Mortality of Hospitals Past and Present." Dr. Steele was a most able, judicious, and public-spirited officer, and always active in good work. He was a useful member of our editorial staff, and a frequent writer, whose friendship we greatly valued, and whose loss we deplore.

GUY'S PERSONALITIES (4)



Drawn by Sylvia Treadgold

ALFRED BAKER

On September 1st, 1900, Baker started work in the Physiology Department at Guy's under the late Professor Pembrey, at 8/– per week. Four years later he was chief laboratory assistant and has worked in the Department ever since. He " retired " after 50 years service in 1950, but was immediately re-engaged on a part-time basis in the Physiology Laboratory where his cheery, helpful presence may often be found. His son serves the Hospital in the Dental Department. Generations of Guy's men know Baker. Few know the Hospital and its Schools better than he. Fifty-four not out !

A SOCIAL PROBLEM

A Clinical Lecture delivered at Guy's Hospital on 6th July, 1953

By L. F. W. SALMON, M.S., F.R.C.S.

LADIES AND GENTLEMEN,—Many of you will not have proceeded far along the path of your chosen profession before you receive a letter of this kind :—

> Dear Dr. A,
>
> Ref. Mr. B. C., aged 37
>
> Thank you for your letter about this difficult case. The patient came to see me in the Hearing Aid Clinic this morning.
>
> I can confirm the previous opinion that he is suffering from a severe degree of nerve deafness and that there is really nothing to be done for him.
>
> Yours sincerely,
>
> D. E.,
> *Surgeon to the Ear, Nose and Throat Department*

When the otologist dictated the last sentence and gave it as his opinion that there was " nothing to be done " for this unfortunate man, he was expressing himself carelessly and if questioned would have been the first to confess that, taken literally, this statement is far from the truth. What he meant to say was that there was no medical or surgical treatment which could make him hear or improve his hearing. It was not his intention to suggest to the doctor that his patient must be marooned unhearing in a hearing world.

It is quite likely, however, that the busy general practitioner took this last sentence at its face value. During his medical training he had been taught something about the causes of deafness, what treatment was available, perhaps even how to examine an ear, but no one had ever told him how to deal with the patient when he came back from the hospital with a letter like the one you have just read.

You might suppose that feelings of compassion would urge him to explore ways and means of helping. However, in our march forward into this enlightened age of welfare and social services, we have lagged somewhat behind in our attitude to the deaf. Even the relatives and friends of the deaf man very often regard him more with exasperation than sympathy and this frame of mind sometimes conditions the doctor's approach also. Cast adrift by the medical profession the deafened patient must look elsewhere for help and guidance.

It is my intention this afternoon to attempt to show you how very far from the truth it is to say that there is nothing that can be done for the deaf when their disability is beyond the aid of modern medicine and surgery. I shall not confine my remarks to the adult patient who becomes deaf, but will include the incurably deaf of all ages—from the child born deaf to the elderly patient finding his declining years overshadowed by a cloud of silence.

You will want to know of course what is the magnitude of the problem. Figures indicating the numbers of deaf and hard of hearing are hard to come by, but recent careful research has provided those I will now show you which are believed to be accurate. They apply to

England, Wales and Scotland :—

5,000 are deaf and dumb (i.e. born deaf).
4,000 are deaf and blind.
30,000 are totally deaf to any sound.
70,000 are deaf to ordinary speech.
790,000 have difficulty in hearing without the use of an aid.
1,650,000 are hard of hearing.

This is a total of more than 2½ million, which is about 6% of the population, so that the problem cannot be thought to be negligible or unimportant.

THE DEAF CHILD

Imagine if you can the unfolding of the tragedy of the child born deaf. He may have been a bouncing baby and in the early months as he grows and thrives, begins to sit up, produces his first teeth, he becomes more and more the apple of his parents' eye. And then at a year say or 18 months there dawns the suspicion that perhaps he is not hearing properly and as the months go by and he fails to acquire speech the suspicion becomes enough of a certainty for the doctor's advice to be sought. There is a visit to the hospital and after a good deal of careful examination the grave pronouncement that he is deaf and will remain so. The mother does not need to be told at length what exactly this means. She probably believes, what once was always true, that her child will therefore never acquire speech. She tries to imagine the soundless world in which he will be for ever shut off ; she no doubt conjures up, as despair grows, a picture of a friendless childhood and an adult life in which her ambitious dreams of his happy and useful career must inevitably come to nothing. At this moment the tragedy is hers and not the child's. It is the doctor's first duty to dispel many of these fears and to expose the others as nightmares barely related to the realities ahead.

There are three groups that I think you should consider under this heading " The Deaf Child ". There are those born deaf whose circumstances we have just tried to visualise. Others born with normal hearing are destined to become deaf during childhood and it is very important at what age their deafness occurs. If it is in the first year ot two before speech is acquired the problem is identical with that of the first group, but if it occurs later when language has been wholly or largely acquired the difficulties in store are less. In connection with the first group there are two urgent considerations which we shall not have time to dwell upon, but which I would like you to think about. Firstly, one of the causes of congenital deafness is the occurrence of Rubella in the mother during the first three months of her pregnancy. Thus German measles which has been a trivial disease becomes a grave one on this occasion. It is necessary therefore to reconsider our Public Health measures in this connection and perhaps to formulate new rules. Secondly, a perplexing ethical problem may arise also : the mother who has contracted Rubella at this critical time may turn to the obstetrician and ask him if she should continue with her pregnancy when there is a risk that her baby may be born with grave congential defects. What should his answer be ?

Without language the interchange of ideas is tremendously restricted and the normal child acquires a large part of the pattern of knowledge which is to be the basis of its intellectual and spiritual development through the medium of speech. Our task therefore is to teach the children in the first two groups to communicate with each other and with the larger world of those with normal hearing about them. I would like to consider the history of the pioneers in this work but there will only be time to tell you that there have been two widely different approaches to it. Some have advocated the teaching of an elaborate sign language. But others—not daunted by the difficulties—have insisted that the child born deaf must be taught to speak and to understand the speech of others. This oral method is now adopted universally in the schools for the deaf in this country and I would like you to have some idea of how the skilled and patient teachers of deaf children set about their work.

There are now throughout the British Isles some 70 schools for the deaf and partially deaf. All but very few are the responsibility of local education authorities and between them they provide for the 4,500 deaf children in our midst. Among the most famous are the Royal Schools for the Deaf at Manchester and I intend to stop talking for five minutes to let you see now a small part of a film showing you this work in progress. Some of you will have seen this film which is called " Triumph Over Deafness " before, and I hope that there will be a chance for the remainder of you to see it all on some other occasion.

(There was here shown that part of the film " Triumph over Deafness " dealing with the early education of the deaf child.)

At the end of this film an old pupil of the school comes in to encourage the mother of a child whom we see at the beginning and who is found to be almost totally deaf. She conducts a normal conversation with the mother fluently and with apparent ease although she cannot hear a word and has lived in silence since she was born.

I hope you will understand that the prognosis of a deaf child is by no means as gloomy as once it was and that these children can now receive a similar education to that enjoyed by their more normal brothers and sisters. In Berkshire, for instance, there is now a thriving grammar school for the deaf. There is now no reason why the deaf child should not grow up to occupy a happy and useful place in society.

The Adult Deaf

And so these 4,500 deaf children will became 4,500 deaf adults but they will be deaf adults upon whom highly specialised training has been lavished throughout their early years to equip them for their special struggle. However, they are going to form only a small proportion of the depressing total adult deaf. The remainder will be those who have acquired their deafness in later years. Their education was based on the assumption that they would be equipped with normal hearing. Without it, therefore, they must acquire some of what the 4,500 learned at school. As a matter of economics we are concerned most with the young and the middle-aged adult since here we find the wage-earner and the mother who must bring up her children. But in an aging society, the sad spectacle of the old person too deaf to enjoy the autumn of his life is likely to be increasingly familiar. Shakespeare speaks of the seventh age of man as being " sans teeth, sans eyes, sans taste, sans everything ". Nowadays many people reach their 80th birthday possessed of teeth, eyes, taste and most things, but how many of them can still hear normally ?

What, then, are the principal means by which the plight of the adult deaf can be ameliorated? They are, I suggest, the following :—

1. *The use of hearing aids.*
2. *Lip reading.*
3. *The comfort and support provided by a number of clubs and societies for the welfare of the deaf.*

Let us discuss each of these points in turn.

1. *Something About Hearing Aids.*

In the film you saw partially deaf children at lessons using group and individual hearing aids, and of course for the partially deaf adult the hearing aid is, in many cases, his chief support. Most partially deaf patients, particularly those with middle ear disease, derive some degree of help from a good hearing aid and you should know a little bit about these instruments. The modern electrical hearing aid is a small valve amplifier which increases the intensity of sound reaching the patient's ear to a level at which he can perceive it. Because the instrument must be small, for the user wishes it to be not only portable but as nearly as possible invisible, the degree of fidelity achieved, the amount of amplification possible and the frequency range over which it can operate are limited, and as the science of electronics advances so does the efficiency of hearing aids. I don't have to remind you that one of the features of the new National Health Service was the provision of the Medical Research Council's hearing aid free to those found to need it and I think everybody regards this as an important step forward in the care of the deaf. There now exists a nation-wide organization for the testing of deaf patients, the issue of hearing aids, the free issue of batteries and the maintenance and repair of the aid once in use.

Up to July, 1952, 210,000 of these instruments had been issued and at that time the monthly rate of distribution had reached 10,200. You can work out for yourselves the estimated present figure. At first of course the length of time a patient had to wait for his aid was considerable because there was an immense rush for them. But every month the situation is improving.

The Medical Research Council's hearing aid (MEDRESCO for short) originally available, was what we call an air conduction instrument, that is to say the sound is conveyed to the ear through the external auditory canal. This is the best sort of hearing aid for most people, but a few seem to do better with an instrument that passes the amplified sound to the ear by way of the mastoid process. A bone-conductor hearing aid is now available under the National Health Scheme and already many of these have been issued. I have examples of both these hearing aids with me and I expect you would like to come down afterwards and look at them. There is no question that this free provision of hearing aids has made this form of help available to very many thousands of deaf patients who otherwise could not or would not have obtained it. And remember that this is a field where continual progress can be confidently anticipated. Already an improved form, the Mark III, of the original MEDRESCO aid has appeared.

Readers of " Readers' Digest "—and the publishers claim that there are very many of these—will know all about Transistors. These may one day replace the ordinary thermionic valve in the wireless set, television and so on. Already Transistors have been used in hearing aids and although it will be a long time before we can expect to see the free issue of an All-Transistor aid, that is the way things are heading. When that day dawns we are likely to have an even smaller instrument with no low tension battery and an even higher output.

One word of warning. Some of your elderly patients, particularly those with severe nerve deafness, will find that an electrical hearing aid does not help them. They demonstrate the phenomenon of recruitment which means that when the amplification is such that the sound bursts through to them it already seems too loud. The hearing aid cannot cause the speaker to speak more slowly and distinctly, which is what these patients need. It only makes the voice louder often *at the expense* of clarity. So don't send your elderly patients to the otologist with the assurance that once fitted with the instrument they will be deaf no longer. They may be bitterly disappointed. It is worth remembering that occasionally a non-electrical hearing aid, like the old-fashioned ear trumpet, will supply a solution when its more elaborate modern counterpart fails.

2. *Lip-Reading.*

There is a tendency at present to refer to lip-reading as speech reading, but it is the same thing and I shall use the name likely to be more familiar to you.

We all make use of lip-reading to some extent and I think most of us would be surprised to know to what extent. Last year I attended a demonstration at the Department of Education of the Deaf at Manchester Univeristy. We were addressed by a speaker enclosed in a glass-fronted sound-proof booth. Her voice reached us only through loud-speakers in the room and it could be made louder or softer as required. The volume of the voice was turned down until we could hear it only with difficulty. At that moment the light in the sound-proof booth was turned out so that we could no longer see the speaker. We found that we could no longer *hear* the speaker. At this threshold level of audible speech we had all been making use of lip-reading and without it we simply could not hear.

The totally deaf, as I have said, are dependent entirely on lip-reading for their comprehension of speech and I gave you an example of how astonishingly talented they can become. The partially deaf rarely achieve this perfection. Nevertheless every young or middle-aged adult who is partially deaf should be encouraged to practice lip-reading and if his disability is considerable or if it is likely to get worse he should attend regular classes and become a practised lip-reader. Particulars of lip-reading classes can be obtained at most centres for adult education or through the organizations for the hard of hearing. There are evening classes in lip-reading in most of the big towns and the National

Institute for the Deaf maintain a list of lip-reading teachers. The British Association for the Hard of Hearing has had the ingenious and stimulating notion of organizing a lip reading championship. So you see that the facilities exist if the necessary encouragement to the young deaf adult is forthcoming. The medical profession should not be backward in providing that encouragement.

One last word on lip-reading. As I said before it is an aid to hearing suitable for the younger or middle-aged patient. By the time a man begins to get deaf due to degeneration of his cochlea from arteriosclerosis he is too old a dog to teach new tricks, and very often he will tell you so. There are exceptions of course. You will occasionally find the patient who will start enthusiastically to attend lip-reading classes at 70 but such are few and far between.

3. *The Organizations for the Hard of Hearing.*

Of the organizations I shall tell you about today, pride of place must go to the National Institute for the Deaf as being, apart from anything else, the most senior of them. Like the others, it is a voluntary organization registered as a charity under the National Assistance Act of 1948 and here I think I can do no better than quote from its own publication " The N.I.D. and the Hard of Hearing " :—

> " In 1911, when the Institute first came into being as The National Bureau for Promoting the General Welfare of the Deaf, such headings as ' The Partially Deaf ' and ' The Employment of those that Become Deaf in late life ' appeared in its first Annual Report. Under the former heading came the consideration of steps to be taken to prevent the activities of unscrupulous ' quacks ' claiming to relieve deafness by certain treatments and the exploitation of the partially deaf by the sale of unsuitable aids to hearing. Under the latter heading, the Committee were disturbed by the interference caused by deafness in the carrying out of various trades and professions by hard-of-hearing persons. ' The absence of any Society working specially in the interests of such unfortunate persons and the consequent inability to refer enquiries to a source wherefrom assistance can be obtained ' led the Bureau to appoint a sub-Committee to consider the question of employment for those who become deaf in adult life."

Read the rest of this pamphlet. The National Institute for the Deaf will be pleased, I am sure, to send you a copy. At the end of this paper you will find the addresses of the organizations mentioned so that you will know where to apply.

No question affecting the deaf as a whole or as individuals is outside the scope of the Institute's work. From its well-equipped headquarters in Gower Street it answers the questions and gives constructive guidance to the deaf throughout these Islands. Whether the problem is to find employment for a war-deafened adult or a place in a school for a deaf child ; whether it is to recommend the right sort of hearing aid or represent a case for the deaf to a Parliamentary Committee ; whether it is any of those things, the N.I.D. can be relied upon to act vigorously and eagerly and I cannot begin in a few sentences to do justice to its widespread good works.

A very much younger body—it was founded in 1947—but one which has drawn up for itself very nearly as all-embracing a charter as the N.I.D. is the British Association for the Hard of Hearing. A particular feature of its work is to watch over a large number of Clubs for the Hard of Hearing. It has affiliated to it nearly 200 of these

Clubs or Groups, most of them combined in County Leagues. These Clubs are becoming a very interesting feature of the life of the deaf. The deafened person, finding himself very often left outside the organized activities of the hearing, tending to be shy and solitary, blossoms, as it were, into a thoroughly convivial companion in the company of his fellow disabled. It is not every deaf person, of course, who wants to join in whist drives, old-fashioned dancing, quizzes, brains trusts, rambles and so on, but very many of them are glad to do it and are better for it as a visit to one of these Groups would convince you.

Specialization, you will not be surprised to know, extends even into this type of voluntary work, the deaf child having its own organization. This is " The Deaf Children's Society " whose aims are these :—

" 1. To press for the provision of adequate education for all deaf children through, inter alia :—

   (a) An increase in the number of nursery schools, both day and residential.
   (b) An increase in the number of pre-school clinics.
   (c) A reduction to six in the sizes of classes in schools.
   (d) The opening of more grammar and secondary schools.
   (e) The provision of properly trained personnel for assisting in the supervision of deaf children in and out of school hours.

2. To press for investigation regarding separate education for the partially deaf and severely deaf and the provision of adequate education for children suffering from double defects.

3. To encourage the formation of Parent-Teacher Associations.

4. To explore the whole field of suitable employment for deaf adolescents.

5. To press for the provision (with proper precautions) of more foster parents for deaf children and the keeping of a register of foster parents.

6. To stress the need for early diagnosis of deafness and the necessity for publicising the dangers of German measles in early pregnancy."

Don't suppose that with this ambitious programme the Society has no time for the smaller difficulties of the individual patient. A very great deal of its day to day work is taken up with the personal troubles of parents and others responsible for the deaf child.

There is one other topic that I would like to touch on before I make my concluding remarks. Something has already been said about the employment of the deaf adolescent and the rehabilitation of the deafened adult. Vocational training is, of course, an important feature of the senior work in many of the schools for the deaf and in many of the trades chosen as suitable, employers are prepared to accept the deaf individual without the fear that he will do a less valuable day's work than someone whose hearing is normal, but there is still a good deal of reluctance on the employer's side. Disabled persons—the deaf among them—are able to consult officers known as D.R.O.s—Disablement Rehabilitation Officers—at the offices of the Ministry of Labour and National Service and it is the duty of these officers to find suitable employment for them, but the D.R.O.s are often men without particular knowledge of the deaf and in many respects this scheme falls short of what had been hoped for it.

The Government has now set up an Inter-Departmental Committee to enquire into all aspects of the rehabilitation, training and employment of disabled and handicapped persons, including the hard of hearing. The activities of this Committee will be closely followed by the organizations for the deaf and it is hoped that out of it there may come an improvement in the machinery for finding employment for the deaf patient.

IN CONCLUSION

A great deal has been said about the schools for the deaf and partially deaf and about Clubs for the hard of hearing ; indeed you will have been impressed by the way in which the present methods of caring for the deaf of all ages tend to band them together and separate them from those who can hear. It is being increasingly felt that wherever possible this policy should be slowly reversed in favour of encouraging the greatest possible mixing of the deaf patient with his normal fellows. Thus whenever it is possible to keep a deaf child at a normal school by having him sit in the front row, making use of a hearing aid and giving him the benefit of as much pre-school training as possible, this should be done. In the same way some Deaf Clubs are arranging their activities so that their members are slowly encouraged to meet freely with the normal hearing and in course of time to lose their fear of these contacts.

Note these Addresses :

The National Institute for the Deaf,
105, Gower Street, London, W.C.1.

The British Association of the Hard of Hearing,
(Hon. Secretary, Miss A. M. Fisher),
Beechways, Church Lane, Neston, Wirral, Cheshire.

The Deaf Children's Society,
1, Macklin Street, Drury Lane, London, W.C.2.

THE CLUBS' UNION BALL, 1954

The third annual Clubs' Union Ball was held on Friday, 22nd January, at the Park Lane Hotel. The Chairman of the Ball was Mr. F. N. Glover and the guests were received by Mrs. Glover and Mr. P. A. Lane-Roberts (Secretary of the Clubs' Union). The dinner which preceded the dancing was well up to the standard of previous years and was a good solid basis for some of the more adventurous dances of the evening.

Tommy de Rosa and his band, as in previous years, provided most of the music. A very welcome innovation was the presence of a piper who played for an Eightsome Reel and a Gay Gordons and who was very enthusiastically received. The Band showed their versatility by giving us not only modern dances but also a Strip the Willow and a Charleston. Both of these were very freely interpreted by the guests.

We were very glad to see those members of the Senior Staff of the Hospital who attended. Was it symbolic of something or other that surgeons overwhelmingly outnumbered physicians ?

The course of the evening was punctuated by refreshments and all too soon it was time for " Auld Lang Syne " and " The Queen." Altogether a most successful evening and one reflecting the greatest of credit upon the organisers. This function has, it seems, become a welcome annual fixture and we hope that the Clubs' Union Ball will continue to receive adequate support and encouragement.

CORRESPONDENCE

Letters to the Editor of the Gazette

The No-Touch Technique

SIR,—Ref. :—*Gazette* of January 23rd—Dr. Barber astounds me by saying that Willie Lane did not use rubber gloves. I once —with a *gloved* hand—touched the towel, and he made Sister Edwards replace the lot ! I have never forgotten it, and have never had a clean surgical case become infected.

Yours, etc.

Kington, Herefordshire. G. W. DRYLAND.

Boxing

SIR,—The Inter-Hospitals Boxing Match is to be held on February 11th, at the York Hall, Bethnal Green. The President, Mr. A. Dickson Wright, will be presenting the prizes.

The doors open at 7 p.m. Tickets priced one guinea, 10/6, 7/6, 5/–, 3/6, and 2/6 may be obtained from The *Hon. Treasurer, United Hospitals A.B.C., The Counting House, Guy's Hospital.*

There will also be a match between the Repton Boxing Club and the R.A.O.C. on the same programme. Some well known amateur boxers will be taking part.

Guy's have held the Cup since the war but this year St. Mary's are making a strong bid to win. We would therefore welcome the support of as many members of the Hospital as possible.

Yours, etc.,
C. J. WALLACE (*Hon. Sec., G.H.A.B.C.*)

Unrecognized

SIR,—In the *Gazette* of January 9th we were distressed to note the ingenious and elaborate decorations of the interior of Nuffield during Christmas were distinctly overlooked and moreover, two members of the Midwifery Staff failed to find their contracts mentioned in the appointments list.

We do feel this has been a regrettable oversight on your part and hope in the future, we will not remain incognito !

Yours, etc.
TWO IRATE MIDWIVES.

The list as published in that issue referring to appointments from January 1–15th is, according to our information, correct. Perhaps our irate correspondents (midwives, in our experience, are singularly even-tempered) were not appointed between the dates mentioned.—ED.

Sixty Years Ago

From Guy's Hospital Gazette, 10th February, 1894.

Lying-in Charity

Dear Mr. Editor,—During the month of January, out of two hundred and ninety-three cards attended, over eleven per cent. of them had been given to women living outside the district specified. I, myself, had over fourteen per cent.—in one night doing three in succession. This may appear at first sight to have arisen through misleading statements made, but that this was not always the case was apparent from notes entered on the cards, such as, "just out of district," etc. . . . . Had the chief offender in this direction thought of the weary trudging thus entailed, rather than allow his breast to expand with love to the coming race, he would have gallantly stood by the very fair agreement such a charity makes with the public . . . . .

EXTERN.

DEPARTMENT OF SURGERY

The following books are missing from the departmental library : those in possession of these volumes should return them without delay.

Cancer in General Practice	Raven & Hancock
Handbook of Surgery	McKie & Mackenzie
Notable names in Medicine and Surgery	Bailey & Bishop
Recent Advances in Pharmacology	Robson & Keele
Spread of Tumours	Willis
British Journal of Surgery, Vol. 39.	
Archives of Surgery, Vol. 63, and Vol. 67, No. 5 (November)	
Surgery, Gynæcology and Obstetrics, Vol. 97, No. 4. (October)	

GUY'S HOSPITAL DENTAL SCHOOL

PROGRAMME—ANNUAL CLINICAL MEETING

SATURDAY, 6TH MARCH, 1954

Morning Session (10 a.m.–12 noon)

PHYSIOLOGY LECTURE THEATRE, MEDICAL SCHOOL

12 noon. Assessing the Impacted Wisdom Tooth	Sir William Kelsey Fry

THEATRE NO. 3

10 a.m. Removal of Third Molar and Related Lateral Cyst from Mandible	Mr. H. H. Kenshole
Anæsthetist :	Dr. D. M. Carnegie
11 a.m. An External Approach to the Mandible	Mr. S. H. Wass
Anæsthetist :	Dr. P. J. Helliwell

THEATRE NO. 4

10 a.m. Rhinoplasty for Nasal deformity	Mr. Patrick Clarkson
Anæsthetist :	Dr. D. G. H. Davies
11.30 a.m. Abbé Operation for Secondary Cleft Lip	Mr. N. L. Eckhoff
Anæsthetist :	Dr. W. S. McConnell

CLINICAL THEATRE

10 a.n. Minor Surgical Procedures under Nitrous Oxide Anæsthesia	Mr. A. R. Thompson
Anæsthetist :	Dr. W. S. McConnell

DENTAL DEPARTMENT

Ground Floor

X-Ray Department

Interesting Radiographs	Dr. F. L. Ingram

Department of Preventive Dentistry

Bacteriological Exhibits	Mr. A. Bulleid and Mr. C. W. T. Shuttleworth
The flap operation for eradication of an intrabony pocket	Mr. R. D. Emslie
Table Demonstration : Gingival changes caused by restorations and prosthetic appliances	Mr. P. J. Hill
Clinical Cases treated in the Department	

Casualty Department

Treatment of the fractured incisor	Mr. R. H. Pownall

First Floor

Denture Room and Prosthetics Laboratory

Clinical Cases	Professor H. R. Fenn
Plaster Impressions and their after treatment	Mr. R. D. Gain
Alveolectomy	Mr. M. Malleson
Stippled acrylic dentures in the mouth	Mr. P. B. Morris
Exhibition of Students' work	

Histology Laboratory

Anatomical Specimens of Interest	Mr. F. Harrison
Use of Colour Photography in the teaching of Histology	Mr. Dudley in the Histology Laboratory

Department of Dental Medicine

Pathological specimens and sections	Professor M. A. Rushton and Mr. B. E. D. Cooke
The Oral manifestations of lichen planus	Mr. B. E. D. Cooke

Dental Photographic Department

Exhibition of Clinical Photographs and a Series of Photographs to Illustrate the Dentitions of Vertebrates	Mr. A. D. Robinson and Miss B. Whiteley, Photographer.

(The animal specimens and facilities to photograph them were kindly provided by the Zoological Society of London.)

Second Floor

Demonstration Room

An Average Morning Clinic	Mr. G. B. Pritchard

Clinical Room

Minor Oral Surgery using Local Anæsthesia	Mr. C. I. Hagger

Professor's Room

Operative Dental Surgery	Professor W. E. Herbert

Conservation Room

The construction of a porcelain jacket crown	Mr. W. A. Vale (in his room)
Treatment of the dry socket	Mr. S. P. Johns and Mr. R. A. J. Mayhew
Root Canal Treatment using resorbable paste	Mr. A. H. R. Rowe and Mr. R. E. Feaver
Class IV Restorations	Mr. J. D. Haworth and Mr. J. E. Gresham
Acrylics	Mr. G. F. Dyer and Mr. G. F. Thompson
Large restorations in Molar and Premolar teeth	Mr. P. T. Grimer and Mr. A. G. P. Jennings
Exhibition of Students' Work	

Children's Department

Cases of interest will be shown by :
Mr. R. E. Rix, Mr. W. J. Tulley, Mr. H. Richards, Mr. A. C. Campbell and the Orthodontic Assistants.

The problem of assessing the position of unerupted teeth	Mr. H. Richards
The lower removable appliance	Mr. A. C. Campbell
Prognosis and treatment planning Angles Class II Div. 1 Cases	Mr. W. J. Tulley
Films will be shown at intervals on oro-muscular behaviour in relation to orthodontics	Mr. E. Gwynne Evans

continued overleaf—

Afternoon Session (2 p.m.–4 p.m.)

THEATRE NO. 3

2.30 p.m. An Operation	Mr. K. Hooper
Anæsthetist :	Dr. A. W. Hind

THEATRE NO. 4

2.30 p.m. An Operation	Mr. J. W. Mansie
Anæsthetist :	

DENTAL DEPARTMENT

Ground Floor
X-Ray Department

Interesting Radiographs	Dr. F. L. Ingram

Department of Preventive Dentistry

Bacteriological Exhibits	Mr. A. Bulleid and Mr. C. W. T. Shuttleworth
Pressure packing, including the use of coagulating packs	Mr. E. McK. Sycamore
Gingivectomy by electro-surgery	Mr. R. J. G. Day
Table Demonstration : Gingival changes caused by restorations and prosthetic appliances	Mr. P. J. Hill
Clinical Cases treated in the Department	

Casualty Department

Treatment of the fractured incisor	Mr. R. W. Willcocks

First Floor

Denture Room and Prosthetics Laboratory

Clinical Cases	Professor H. R. Fenn
Clasp design	Mr. D. J. Neill
Spoon dentures	Mr. E. G. Searle
Fournet Tuller technique	Mr. A. Rand
Exhibition of Students' Work	

Histology Laboratory

Anatomical Specimens of Interest	Mr. F. Harrison
Use of colour Photography in the teaching of Histology	Mr. Dudley in the Histology Laboratory

Department of Dental Medicine

Pathological Specimens and Sections	Professor M. A. Rushton and Mr. B. E. D. Cooke
The Oral manifestations of lichen planus	Mr. B. E. D. Cooke

3 p.m. Professor Rushton will project colour transparencies of recent interesting cases.

Dental Photographic Department

Exhibition of Clinical Photographs and a Series of Photographs to Illustrate the Dentitions of Vertebrates	Mr. A. D. Robinson and
(The animal specimens and facilities to photograph them were kindly provided by the Zoological Society of London.)	Miss B. Whiteley, Photographer

Second Floor

Clinical Cases of interest will be shown by members of the Dental and Surgical Staff.

Clinical Cases of Dental interest will also be shown by Dr. L. Forman, Physician in charge of the Skin Department and Dr. E. J. Moynahan, Assistant Physician to the Skin Department.

Demonstration Room
Clinical Cases

Clinical Room

Minor Oral Surgery using Local Anæsthesia	Mr. R. O. Holland

Professor's Room

Clinical Cases	Professor W. E. Herbert

Conservation Room

Some aids to retention in inlay work	Mr. W. A. Vale (in his room)
Amalgam Restorations	Mr. A. D. Robinson
Treatment of the Dry socket	Mr. S. P. Johns and Mr. R. A. J. Mayhew
Root Canal Treatment using resorbable paste	Mr. A. H. R. Rowe and Mr. R. E. Feaver
Class IV Restorations	Mr. J. D. Haworth and Mr. J. E. Gresham
Acrylics	Mr. G. F. Dyer and Mr. G. F. Thompson
Large restorations in Molar and Premolar teeth	Mr. P. T. Grimer and Mr. A. G. P. Jennings
Exhibition of Students' Work	

Children's Department

Cases of interest will be shown by :

Mr. K. E. Pringle, Mr. W. J. Tulley, Mr. M. A. Kettle, Mr. A. C. Campbell and the Orthodontic Assistants.

Some theatre cases of interest	Mr. K. E. Pringle
The problem of the unerupted canine	Mr. M. A. Kettle
Prognosis and treatment for Angles Class II Div. 1 Cases	Mr. W. J. Tulley
The lower removable appliance	Mr. A. C. Campbell

Tea will be served on the First Floor of the Dental Department at 3.45 *p.m.*

REVIEWS

Modern Trends in Diagnostic Radiology. By J. W. McLaren. Second Edition. Butterworth & Co., Ltd. *Price* 63*s*.

This work is the second series to be published after an interval of only five years and is some indication of the rapidity with which new methods of diagnosis have been achieved. The selection of suitable material for such a book must always be difficult since with the unavoidable delay between author and publisher some of the contributions must inevitably show signs of age.

The book covers a wide range of subjects and contains many excellent sections from a wide range of contributors.

It should be of great value not only to the student in radiology, but to the established radiologist who will always appreciate such a simple means of keeping himself up to date.

T.H.H.

Manual of Psychological Medicine for Practitioners and Students. By A. F. Tredgold and R. F. Tredgold. Third Edition. Published by Baillière, Tindall and Cox. *Price* 25*s*.

The basic premise of this book is that psychological abnormality results essentially (although extrinsic factors may act as precipitants) from " innate tendencies and defects." Schizophrenia is due to " a disintegration and eventually a progressive deterioration of brain . . . similar in kind to the process responsible for many cases of mental defect." Neurasthenia is held to be a nosological entity consequent on neuronal metabolic exhaustion, comparable " with the tiredness of the self-starter and the waning of the lamps when the car battery is running down." Consonant with this bias, when the phenomena of mental illness cannot be explained with a magical flourish of vague biochemical or genetic terms, a hypothetical organic pathology is invoked.

This denial of the existence of a pathology of mind as distinct from that of brain is reflected in the author's predilection for an academic psychology of the Wundtian type. His description of normal mind ignores unconscious mental processes, despite unexplained references to " repression," " subconscious," and " unconscious " factors in various contexts later in the book. The " dynamic " psychologies are mentioned only to be damned, apparently because " unfortunately, Freud seems to have been obsessed by sex " (p. 283). Worse still, psycho-analysis and its derivatives are misconceived, dangerous, and their practitioners largely money-seeking charlatans.

What then does this book offer to the " practitioners and students " to whom it is directed ? The sections on mental deficiency are of the high standard expected from the author of the authoritative " Text-book of Mental Deficiency." The notes on the legal and social aspects of mental illness are clear and helpful. There are many wise and shrewd clinical observations. But, for the tyro in this difficult field, the book provides no frame-work of reference apart from a provisional syndrome classification of admitted inadequacy. Tentative as any contemporary system of psychopathology must be, to attempt to understand the complex phenomena of mental illness without some such system, is to go back sixty years to the barren classifications and therapeutic nihilism of the Kræpelinian era. The fame of the late Dr. A. F. Tredgold will rest on the great achievement of his mental deficiency text when this unfortunate work has been forgotten.

H.P.G.

Elementary Pathological Histology. By W. G. Barnard, M.D., F.R.C.P. Third edition, 1953. H. K. Lewis & Co. *Price* 17*s*. 6*d*.

The third edition of this deservedly popular book has been the subject of only very slight alteration. A short section on " Cell Proliferation " has been added and this includes four new illustrations ; that of a section taken from a Wilm's tumour (Fig. 133) being rather too low in magnification and lacking in detail to be of much use. This book however remains very well produced, and an excellent practical adjunct to formal textbooks of pathology.

It seems unfortunate that this virtual reissue of the last edition should have increased in price by 5*s*. P.S.B.

SPORT

RUGBY FOOTBALL

Guy's *v.* Wasps

20th January, 1953
Result—Won 11–10

Guy's played the first half of this hard-fought game against the wind. Almost from the kick off they attacked by swift forward rushes, and penetrating runs from the backs. Although outweighed in the set scrummages they were getting a good share of the ball. For long periods the Wasps were penned in their own 25, and Howells opened the scoring by converting a penalty awarded when Stirling fell offside in front of his own posts. A concerted forward movement led to a further score by Guy's, Cooke, Pook and finally Van den Berg handling before the latter scored an unconverted try. Towards half time, Wasps asserted themselves and twice their right wing broke away to score tries, both of which Sykes converted.

Early in the second half, Guy's were fortunate when an intended drop goal by Howells was sliced across field and bounced kindly for James to take in his stride and go over. Howells converted. This try roused Wasps who began to attack, getting more of the ball from the line-outs and scrummages. Sykes set his three-quarters going repeatedly but they lacked the penetration of the Guy's backs and tended to run across the field. The Guy's marking was keen and efficient, and they held out courageously until no-side.

This was a deserved victory, and it was heartening to see the Guy's backs looking much more dangerous and penetrating than their opponents and consequently rewarding the hard efforts of the forwards.

SQUASH RACKETS

S. T. Lam won the Amateur Championship Plate Competition in January, beating S. Sams in the final.

The 1st Team started the second half of the season well. Middlesex were beaten in the 3rd Round of the Hospital Cup, and Guy's are now in the semi-finals.

In the Cumberland Cup we are lying at second place to Paddington, having moved up after beating R.N.C. Greenwich on Tuesday.

Results : First Team.

v. Middlesex Hospital	Won 5–0
v. Greenwich	Won 5–0
v. Jesters	Won 3–2
v. Wellesley	Won 4–1

LADIES' HOCKEY

Guy's *v.* Westfield College
Result : Won 4–3

Guy's *v.* St. Mary's
At Honor Oak Park
Result : Won 7–3

Guy's *v.* Bedford College 2nd XI
Result : Won 11–0

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the appointment of **Junior Medical Registrar** for the period 1st March to the 30th September, 1954, in the first instance. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, not later than **12th February, 1954.**

NURSING STAFF

The services of a **Trained Nurse** are required for a period of ten weeks from February 22nd, and again in August, to assist for four morning sessions a week, and possibly one afternoon session for four weeks, with the Fellowship Classes at *Guy's Hospital.* *Remuneration* £31 10s. 0d. per course. For further particulars apply to the Director of the Department of Surgery, Guy's Hospital, S.E.1.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 *line* 2*s.* 6*d.*, 3 *lines* 6*s.* *Box Numbers* 6*d. extra.*
Ordinary rates :
1 *line* 6*s.*, 4 *lines* 20*s.* *Box Numbers* 9*d. extra.*

For Sale

18 CT. GOLD POCKET WATCH, almost unused. Absolutely perfect. £35. Box 28.

NURSING STAFF

APPOINTMENTS

15.1.54. Sister B. Arnold : Home Sister, Orpington.

18.1.54. S/N S. Osborn to *Caleb-Diplock.* ; S/N P. Ashworth to *Patience-Samaritan.*

19.1.54. S/N D. Cowan : to York Clinic.

20.1.54. *Sister J. Burns to Victoria.*

25.1.54. Sister T. Dartnell to *Ruth* from Orpington.

28.1.54. Sister B. Taylor to *Victoria.*

NATIONAL INSTITUTE FOR THE DEAF

Mr. I. G. Robin, F.R.C.S., has been elected new Vice-Chairman of the National Institute for the Deaf.

SURVEY OF CHRONIC SICK HOSPITALS IN ISRAEL

Dr. L. Cosin, Clinical Director, Geriatric Unit, United Oxford Hospitals is visiting Israel for four weeks during January and February to carry out a survey of chronic sick hospitals. He will also be lecturing in Athens and Rome on behalf of the British Council.

PASS LIST

UNIVERSITY OF LONDON

Diploma in Psychological Medicine

G. F. Vaughan

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

J. D. Williams

ROYAL COLLEGE OF SURGEONS OF ENGLAND

D.A.

R. J. Aspinall
A. A. Collis
D. M. Lewis
J. A. R. Parker

D.P.M.

M. G. D. Davys

CONJOINT BOARD

L.R.C.P., M.R.C.S.

Final Examination
January, 1954

Pathology

D. W. Atkinson
D. V. Burke
J. D. Chard
B. B. Collins
*D. Dodshon
D. K. Fairweather
K. A. Hillard
J. H. C. Hunt
P. Jenkins
Bridget M. Johnson
J. W. Kirkbride
S. M. Madeloff
R. J. R. Moffat
*D. B. A. Ofomata
F. A. Orhewere
C. J. Pattinson
J. B. Pond
A. Robinson
B. H. B. Robinson
R. O. Selby
D. N. Whitmore

Medicine

*M. R. Alderson
A. Berry
*A. M. Brown
*A. C. Graham
B. P. Gregory
J. H. C. Hunt
P. Jenkins
N. A. G. Leadbeater
*K. L. Lowings
*D. B. A. Ofomata
*A. J. Pearson
J. B. Pond
R. O. Selby
D. L. Smithson
J. A. Stevens

Surgery

Jacqueline E. Banbury
H. R. Bissoon Dath
Patricia M. Boyd
*A. M. Brown
*R. W. Edmonds
*E. R. Gibbons
*D. J. Hudson
*K. L. Lowings
W. S. Lund
*A. G. Malleson
H. C. Meredith
F. W. Nicholson
*E. G. Palmer
C. W. Pook
*Marian A. Wilkinson
D. H. Williams
C. F. A. Younger

Midwifery

D. W. Atkinson
L. R. Jenkins
Bridget M. Johnson
J. V. V. Lewis
J. McKenna
R. J. R. Moffat
Sheila M. Mullally
Barbara K. Oliver
*E. G. Palmer
Corinne J. Richardson
B. H. B. Robinson
*Marian A. Wilkinson

*Have completed the examination.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
January, 1954

Surgery

*J. K. Anderson

Pathology, Bacteriology and Forensic Medicine

D. V. Burke
R. J. S. Milton
K. P. Walker

Medicine

C. D. Chilvers
K. P. Walker

Midwifery

R. M. Stewart

*Has completed the examination.

PAPERS BY GUY'S MEN

Besterman, E. M. M., The Cardiac Output in Acute Rheumatic Carditis. *Brit. Heart J.*, 1954, **16**, 8.

Bulleid, Arthur. The Microbe Hunters (Presidental Address). *Proc. R. Soc. Med.*, 1954, **47**, 37.

Campbell, Maurice and Reynolds, Geoffrey. Electrocardiographic Changes during Operations for Pulmonary Stenosis. *Brit. Heart J.*, 1954, **16**, 57.

Clegg, J. W. The Laboratory Diagnosis of Pulmonary Tuberculosis. *Brit. med. J.*, 1954, i, 267.

Cooke, B. E. D. The Oral Manifestations of Lichen Planus : 50 Cases. *Brit. dent. J.*, 1954, **96**, 1.

Counsell, P. Brian and another. Ileostomy. Assessment of Disability : Management. *Brit. med. J.*, 1954, i, 113.

Douthwaite, A. H. and Thorne, M. G. Further Studies on the Reduction of Gastric Acidity. *Brit. med. J.*, 1954, i, 183.

Earl, C. J. Screening Test for Excessive Urinary Copper. *Lancet*, 1954, i, 234.

Enderby, G. E. H. Postural Ischæmia and Blood-pressure. *Lancet*, 1954, i, 185.

Fry, John. Chronic Bronchitis in General Practice. *Brit. med. J.*, 1954, i, 190.

Holman, C. C. Cancer of the Breast. *Lancet*, 1954, i, 174.

Hunter, Richard and another. The Schreber Case. *Psychoanalytic Quarterly*, 1953, **22**, 328.

Macintosh, R. R. An Anæsthetist Abroad (Abridged). *Proc. R. Soc. Med.*, 1954, **47**, 33.

Marsh, Frank. Bacteriology of Air and Dust in a Maternity Hospital. *Lancet*, 1954, i, 125.

Morrant, G. A. Acrylic Resin Activator Systems and Associated Clinical Techniques. *Dent. Rec.*, 1953, **73**, 725.

Parfitt, G. J. Report on the Condition of the Teeth of Children in a London School from 1950 to 1953. *Brit. dent. J.*, 1954, **96**, 33.

Parfitt, G. J. and another. A Clinical Note on the Use of Silver Nitrate in the Prevention of Fissure Caries in Newly Erupted First Permanent Molars. *Brit. dent. J.*, 1954, **96**, 35.

CHANGES OF ADDRESS

R. G. Beard, M.B., B.Ch., Ivycon House, 91 The Broadway, Wimbledon, S.W.19.

M. H. Handoll, M.B., B.S., 146 Park Road, Beckenham, Kent.

T. L. T. Lewis, F.R.C.S., M.R.C.O.G., 109 Harley Street, W.1, and Old Meadow House, Alton Road, Roehampton Lane, S.W.15. (Tels. Welbeck 5855 and Putney 4856).

G. Phillips, L.D.S.R.C.S., 8 Roxburgh Road. Westgate-on-Sea, Kent.

K. R. Wallace, M.B., B.Ch., Dene End, 39 Gunnergate Lane, Marton-in-Cleveland, Yorks. (Tel. Middlesbrough 56023).

BIRTHS

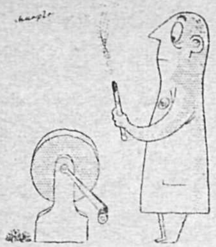
COUNSELL.—On 26th January, at Nuffield House, Guy's Hospital, to Jess, wife of Brian Counsell, F.R.C.S., a son (Martin), brother for Vivien and Jill.

McARTHUR.—On 10th January, 1954, at Ashleigh Nursing Home, Newcastle-upon-Tyne, to Pauline (née Readman), wife of John McArthur, F.R.C.S., D.M.R.T., a son (John David).

SHAW.—On 28th December, 1953, at 61, The Drive, Hove, to Dorothy (née Spencer), wife of J. D. R. Shaw, B.D.S., a daughter.

TAYLOR.—On 1st January, 1954, at Jersey Maternity Hospital, to Janet (née Betten), wife of John Taylor, a son (Graham).

EDS. { E.E.D.T.
P.S.B.



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GUY'S HOSPITAL GAZETTE

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PASSIM

RAPID progress is being made in fixing new, shaped, curtain rails around the bed spaces in many of the wards in the Hospital. By hanging the overhead railway from above it has been possible to leave the floor space quite clear. The suspensory apparatus shows a good deal of variation. In *Victoria*, for example, the curtain rails are fixed to a massive triangular framework of painted iron piping which projects from the walls. Were it covered across the top with a striped awning it would give a passing impression of an elongated shop front with living exhibits within. On the other hand, the delicate vertical suspension system in *Lydia* recalls, in some remote way, the elaborate metal decorations seen in London for the Coronation. There is an ethereal grace here which puts plumber's piping to shame.

But some wards—and the majority are now to be found in the Surgical block in Guy's House—still retain over the bedhead the wrought iron semi-circular rod held by a massive bar fixed to the wall above. By unhooking the semi-circular rod the curtain rings may be laboriously threaded upon it. These Victorian relics will repay a little inspection before they are finally displaced. They remind one irresistibly of the bed furnishings so commonly illustrated in the pages of contemporary novels.

The " Festival Number " of the *Gazette* in June 1896 shows these identical fixtures in full use at that time, and even then they were almost certainly well-established. One picture in that issue, entitled " A visit from mother " (p. 21), shows a scene in a ward in Guy's House on the ground floor. Two elderly ladies of forbidding aspect, clad in voluminous garments of intense black are seated one on each side of a small boy of about eight who is bedecked, so far as can be seen, in a white frilly nightshirt. He looks steadfastly to the front. The ladies fix him with their eyes, while the whiskered photographer (so we surmise) uncovers with a flourish the shrouded lens of his camera, black bellows, black velvet and all. Over the boy's bed hangs a cardboard frame similar in design to those still used for holding temperature charts, while the bed curtains are loosely suspended from that familiar curved iron rail in an irregular fashion quite out of character with our idea of the strict hospital disciplines of the nineties.

These curtain rails, indeed, are probably the oldest surviving hospital furniture still in daily use at Guy's. One set at least, together with the appropriate curtains, should certainly be preserved—perhaps in the Gordon Museum. This would provide a nucleus for an exhibit showing the typical hospital bed and accessories of a century ago. Soon it may be too late.

Recently, for undoubtedly excellent reasons, a lady wrote to a national daily paper which maintains a correspondence column. She wrote to point out to the Editor and his readers that the art of rearing premature babies was not new, but was at least partly understood 54 years ago when she was born as a precarious three-pounder. Now this was an innocent enough letter and, printed on one of the conveniently small sheets of that journal, made a welcome change from the adjacent page devoted to strip cartoons.

The Editorial (or Old Codger's) annotation we found more than startling. For those of us who naively thought that the press had some of the interests of modern medicine at its inky heart, it was a blow in the belt (and probably below the belt, too). Whatever possessed the writer of this passage ? :—

> " Lady, we never go into hysterics over these medical ' marvels ' of to-day. There is mighty little new in medical achievement compared with those of a thousand years ago. Only the medical profession makes more of a song and dance about it these days."

Perhaps the author of that nonsense has no reason to be grateful to modern medicine on his own or his family's behalf. But, surely, he can satisfy himself of the remarkable alterations in expectation of life, maternal mortality or infectious disease rates. Indeed, he would do well to look at some reliable statistics reflecting the success of modern medicine before he again writes daft statements to put before even his most discriminating reader.

Or is he just one of that hardy band of reactionaries who long masochistically for the good old days of leeching and purging, the cautery iron and the two-minute amputation, the magic incantation and the nosegay that charmed away disease ?

We congratulate the Boxing Club on retaining the Inter-Hospitals' Cup.

Congratulations to the Rugby Football Club on winning their first round match in the Inter-Hospitals' Cup against Barts.

GUY'S DIARY

FEBRUARY		Exhibition. Department of Surgery. *Famous Names in Surgery.*
23rd T	1.00	Sir Charles Symonds. Clinical Lecture. *Compression of the Spinal Cord by Cervical Spondylosis.*
	5.00.	Keats-Shelley Association. Public Lecture. Mr. F. N. Doubleday. *The Portraits of John Keats.* Anatomy Theatre.
	8.00	Residents' Play. " *Dead Space.*" (*And for the next three evenings.*)
25th Th	1.00.	Mr. R. S. Lawrie. Clinical Lecture. *Parotid Tumours.*
	5.00.	X-ray Meeting. Gordon Museum.
26th F	1.00.	Dr. A. C. Hampson. Clinical Lecture.
	2.15.	Combined Round. Pre-clinical Classroom.
27th S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
MARCH		Exhibition. Department of Surgery. *Peptic Ulceration.*
1st M	1.00.	Mr. J. B. Blaikley. Clinical Lecture. *Some Cases of Ruptured Uterus.*
2nd T	1.00.	Detective-Sergeant G. Lyle (Metropolitan Police). Lecture. *Drug Traffic in London.*
3rd W	9.00.	Corporate Communion. Guy's Hospital Chapel.
4th Th	1.00.	Mr. N. L. Eckhoff. Clinical Lecture. *Pancreatitis.*
	5.00.	X-ray Meeting. Gordon Museum.
5th F	1.00.	Dr. Maurice Sokolow, M.D., Associate Professor of Medicine, University of California. Clinical Lecture. *Some Aspects of Quinidine Therapy.*
	2.15.	Combined Round. Pre-clinical Classroom.

TUMOURS OF THE SUPRARENAL GLAND

A Lecture delivered at Guy's Hospital Medical School on 6th November, 1953.

By Professor J. F. NUBOER, University of Utrecht

Mr. H. J. B. ATKINS, in introducing Professor Nuboer, said that he was a world famous surgeon, and they were specially complimented in that Guy's was the only hospital at which he was to lecture during his visit. Professor Nuboer was the " black sheep " of his family because they were all naval characters and it was a great disappointment to them when he took up the practice of surgery. The purpose of his visit to this country, however, was to buy a new rifle in order to shoot lions ! He and Prince Bernhardt made a practice of going off in H.H. aeroplane to out-of-the-way corners of the world in this pursuit.

Professor NUBOER, whose lecture was illustrated throughout by lantern slides, said that he was very glad to have the opportunity of lecturing to this fine body of British students, and he hoped his English would be good enough for them to understand him. He intended to talk about tumours of the suprarenal gland. In his department they had had the opportunity to treat a small series of these tumours, and he would like to tell them something of what they knew about the working of the suprarenal gland. In fact the knowledge of these adrenal glands as organs of internal secretion is limited in spite of the interesting investigations of recent years. Meanwhile, one thing had become very clear, namely, that it was complicated. Some of the functions were indispensable to the preservation of health and others were necessary to ensure normal sexual function. It was not surprising that the symptoms caused by tumours of the medulla, but particularly of the cortex, often showed a very complicated picture. This confusion became greater because symptoms might develop without tumours of the suprarenal, in some circumstances with hyperplasia of the organ, and it was not known whether the one was primary or secondary to the other.

He proposed first to discuss tumours of the adrenal cortex and the symptoms they caused. In the medical literature of earlier days the adrenocortical syndrome was concerned with one thing, but careful estimation of more cases had made it clear that they were not concerned with one single syndrome characteristic of the hyperfunction of the adrenal process. Now that they were aware of the complicated function of these structures it was easier to understand the great variation of the clinical picture. It depended on the type and quantity of the steroid hormones produced, also on the age and sex of the patient and probably on other factors which were unknown. So far 30 steroid hormones had been extracted from the adrenal in animals and their chemical structure had been worked out. Many of these steroids did not possess any demonstrable physiological activity. Those which were physiologically active might be classified in certain groups :—

The first group of hormones, continued the Professor, among which are the desoxycorticosterones are those affecting the metabolism of water and electrolytes. When administered in excessive quantities these lead to the retention of sodium chloride and water, giving rise to œdema and hypertension and possibly also to insufficiency of the heart.

The second group of hormones affect chiefly the metabolism of carbohydrates and proteins and include some whose names, he confessed, he found it difficult to pronounce. In this group are found 11-dehydro-17-dehydroxy-corticosterone (" compound E " of Kendall) and the 17-hydroxy-corticosterone (" compound F " of Kendall). They may influence the formation of sugar from the elements of protein and seem to inhibit the splitting up of glucose. Included among the various symptoms observed in adrenal tumours are those of diabetes mellitus, osteoporosis, muscular atrophy, negative nitrogen balance, thinness of the skin and hæmorrhages of the skin, etc. which may be attributed to over-production of these hormones. When these are administered in excessive doses they may influence the lymphatic apparatus and this may account for the lymphopenia so often found in Cushing's syndrome.

The third group probably influence the metabolism of fats. In this group we must classify the 11-dehydrocorticosterone (" compound A " of Kendall). The adiposity, characteristic of patients with tumours of the suprarenal cortex with Cushing's syndrome can be explained by over-production of these hormones.

The last group concerns the hormones with androgenic or œstrogenic action, such as adrenosterone, androstenodione, the 11-hydroxy-iso-androsterone, the 17-hydroxyprogesterone, œsterone, and progesterone. Excessive production of androgenic hormones leads to the well-known group of symptoms seen in women ;

hirsutism, baldness, acne, hypertrophy of the clitoris, deepening of the voice and so on. In the urine there are always large quantities of 17-ketosteroids, the demolition products of androgenic hormones. Tumours of the suprarenal cortex with over-production of œstrogenic hormones are extremely rare. A few cases are seen in girls, who had sexual precocity and vaginal hæmorrhage, etc.

All these hormones—and there are probably still more—might be secreted in excessive quantities by the suprarenal cortex. The clinical symptoms may vary in accordance with the degree of over-production of the different hormones and this may account for the divergent and capricious character of the symptoms of tumours of the suprarenal cortex. In the course of the last few years an attempt has been made to classify these symptoms in a different manner in a number of groups. Such a classification is always somewhat unsatisfactory, seeing that many cases exhibit symptoms which could be classified in two or more groups.

For the present the simplest classification seems to be the best, namely that of Cahill and Melicow :

1. *tumours without hormonal symptoms,*
2. *tumours with cortico-sexual symptoms,*
3. *tumours with cortico-metabolic symptoms,*
4. *a combination of symptoms of groups* 2 *and* 3.

Some symptoms may also be connected with hyperplasia of the suprarenal, and occasionally there are no demonstrable changes in the group of suprarenal glands.

The lecturer then proceed to discuss, with the help of lantern slides, certain typical cases. Of the first group only two patients were treated ; a man aged 62 who for six months had complained of pain in the loins and back, particularly on the right side. An exploratory operation showed carcinoma of the right suprarenal gland with many metastases in the liver. A second patient was a woman aged 49 who died after an exploratory operation for carcinoma of the suprarenal gland, again with metastases in the liver.

Turning to the second group, that is, the group of tumours with cortico-sexual symptoms : in most cases there is a cortico-androgenic syndrome—a male hormone in excess. Many times the female hormones are found in higher proportion than normal, but the male hormone seems to have priority in function. The symptoms vary with the patient's age and sex. When during fœtal life there is an excessive secretion of androgenic hormones, this may, in girls, lead to the result that at birth a large clitoris may be observed and this may give rise to a form of pseudo-hermaphroditism to which the name of suprarenal pseudohermaphroditism has been given. Especially when the vagina is not normally formed, it may sometimes be difficult to decide whether one has to deal with a girl, or with a boy with hypospadias. In most cases this condition is not accompanied by a tumour of the suprarenal gland. Occasionally hyperplasia of the suprarenal cortex has been found. Certainty about the sex can only be obtained by means of microscopical examination of the gonads.

When this clinical picture develops in young children, one observes in boys a premature development of the sexual functions, together with early hair growth, early ossification of the epiphyseal line and the development of a " herculean " physique. Spermigenesis may sometimes be observed at the age of a few years. Similar symptoms are more frequently observed in girls. Cortico-androgenic symptoms are found about three times as often in girls as in boys. In girls we see that a large clitoris develops, pubic hairgrowth is of the male kind, growth is intensified, the children also develop a " herculean " physique, while in girls too, the epiphyseal lines ossify at an early period . In most of these cases in young children, tumours of the suprarenal cortex are found and very often the tumours are of a malignant character.

When over-production of androgenic hormones starts in young women after puberty, we observe the development of characteristic symptoms of masculinization. Such women are thin, they have a male physique, sometimes of an athletic type, the hips are narrow, the breasts are small, the clitoris is large, menstruation ceases, the voice becomes deep, hair-growth is typically masculine, usually with a fair beard, compelling the patients to shave every day. Alopecia is by no means rare. Blood pressure, basal metabolism, chemistry and morphology of the blood are normal. In the urine an excess of 17 ketosteroids is observed.

Excess of production of œstrogenic substances leads to the cortico-œstrogenic syndrome, which is rare. In men we see the development of symptoms of feminization, such as gynæcomastia, loss of libido, adiposity, the genitals being small. In female children we see symptoms of *pubertas precox*, early hairgrowth, development of the breasts and vaginal hæmorrhages, while the growth of the body is intensified and the epiphyseal lines ossify at an early stage.

Generally speaking it can be said that the operative treatment of these tumours of the suprarenal cortex is very successful. In children the symptoms disappear completely and bodily growth becomes normal. In young women menstruation starts again ; abnormal hairgrowth disappears except in the face, while the growth of the beard diminishes. Pregnancy becomes possible.

The results of treatment in hyperplasia of the suprarenal gland are not satisfactory. Nine patients in this group have been treated; in five of them a tumour was found and in four there was hyperplasia of the suprarenal. (Professor Nuboer showed photographs of these cases, followed by X-rays of the kidney region, revealing on insufflation a dense shadow the size of a tennis ball or of an orange at the site of the suprarenal gland.) In some of these cases, he went on, microscopic examination has shown an adenoma. In one case, a girl of 2 years old, the parents had noticed that a large clitoris had developed. For 3 months pubic hairgrowth had started . The child was taller and stronger than the other children but was otherwise quite normal. Twenty days after admission it was impossible to put on her shoes, which had fitted the child when she was admitted. After 70 days her weight had increased 1600 grammes and her length 8 cm. The total quantity of 17 ketosteroids was 228 mg per 24 hours (normally 1.3 mg). A tumour of the size of an orange was removed from the right suprarenal gland ; on microscopic examination it proved to be an adenoma. The further course was uneventful with excellent results. Some months after the treatment the child was quite normal, the excretion of œstrogenic substance and 17 ketosteroids became normal too.

In another case the patient was a girl, aged 18, admitted from the gynæcological department. Over a period of one year she had shown an appearance of hair growth, the voice had become deep and a fair beard developed. She was thin, somewhat asthenic, and the breasts were hardly developed. The pubic hairgrowth was of a male type, and there was a considerable amount of acne. In the right kidney or its neighbourhood a large tumour was to be seen. Blood pressure was normal and there were no irregularities of the urine. The 17-ketosteroids were greatly increased. A tumour the size of a man's hand was exposed and was removed. It was possible to save a great part of the right suprarenal gland. On the left the suprarenal gland was normal. Following operation she was in good condition, the breasts were developing normally, the clitoris had become small, and the excessive hairgrowth had disappeared. The voice was no longer deep. The patient now shaved herself only once a week.

The next case is a woman aged 35 years. Before marriage the patient was perfectly normal. Menstruation was normal but became irregular soon after the birth of her child and was absent for some months. Simultaneously the hairgrowth on the body increased and the beard grew, necessitating daily shaving. Hair also grew on the breasts as well as on the face. The urine showed no irregularity, except an excess of 17 ketosteroids, and blood pressure was normal. A definite shadow of the tumour was to be seen above the right kidney, somewhat lower than normal. The tumour, which was clearly limited, was removed and was found to be an adenoma of the suprarenal gland with considerable hæmorrhage. Recovery was uneventful and in the course of three months the state of things changed entirely. Six months after the operation the patient became pregnant. She gave birth to a normal child.

In another case, a woman aged 43 years had complained of the symptoms for two and a half years. Male characteristics developed. Her last menstruation took place one year previously. A tumour was felt in the region of the left kidney. Blood pressure was normal. There were no irregularities in the blood or urine. The 17 ketosteroids in the urine were increased. Her face showed an unmistakable beard. A tumour the size of a football was removed from the upper pole of the kidney; it was adherent to the spleen. During the first two days after operation the patient's condition was good. Then there occurred a slight rise in temperature, and on the fifth day there was a sudden and steep rise, the general condition rapidly deteriorated, and in the course of the evening the patient died. This was probably a case of insufficiency of the suprarenal cortex which did not respond to treatment. At postmortem on the right a small suprarenal gland, deficient in lipoids was found.

The last case of this group is a woman aged 30 who had complained of abdominal pain and headache for the last five years. Hair growth on the face had increased during the last five years to such an extent that she had to shave herself regularly. Since her thirteenth year menstruation had been regular, and now she was delivered of a normal child. This somewhat debilitated woman was sent to us by the gynæcological department. A characteristic tumour of the suprarenal gland was removed, and after operation recovery was uneventful and the growth of hair diminished considerably.

I should now like to turn to hyperplasia of the suprarenal cortex.

The first case is that of a girl aged three who at birth had been entered as a boy. The person was now recognized as a girl, but a penis-like organ was discovered, and there were other male characteristics, including the hair in the pubic region. Below the clitoris the wide orifice of the urethra could be seen, but not the vaginal orifice. No irregularities were found in the urine and blood pressure was normal. Laparotomy was performed. There was an elementary uterus and there were two organs resembling ovaries. From the gonads small portions were taken for histological examination ; they proved to be ovaries. Later the two suprarenal glands were exposed. At the right hand side a fairly large, but in other respects normal gland was found, at the left there was a suprarenal gland which was about twice the normal size. This organ was removed. The result of the operation was disappointing. The child was now 7 years old and distinctly taller than normal. Abnormal hairgrowth and large clitoris had not changed.

The same symptoms were seen in six and seven-year old girls and in all cases there was hyperplasia of the suprarenal gland only. One of them had a clitoris like a penis, a small uterus and a small vagina. In another case of hyperplasia of the suprarenal gland the girl was like a boy with hypospadias.

Tumours with so-called cortico-metabolic symptoms lead to a development of Cushing's syndrome. American authors, particularly Cahill and Melikow attribute this syndrome to some serious dysfunction of the suprarenal cortex ; the symptoms partly point to excess, partly to insufficient function and partly to abnormal function. The syndrome may be attended with hyperplasia or a tumour, and it may also be observed when there are no demonstrable changes of the suprarenal cortex. The result is the well-known complex of symptoms : adiposity, hypertension, irregularities in the metabolism of cholesterine, protein and carbohydrates, hirsutism, amenorrhœa, osteoporosis, often lymphopenia, asthenia, early fatigue, changes of the skin, irregularities in the economy of the electrolytes and emotional instability. The symptom mostly develops in adult patients, though it is also observed in children. In these circumstances we must assume that desoxycorticosterones, 11 oxycorticosterones and the compounds A and B, E and F are excreted in excess. Androgenic and œstrogenic hormones are not produced excessively in the pure cases of Cushing's syndrome, so that in those circumstances the 17 ketosteroids are not observed in increased number in the urine.

The essential symptoms of Cushing's syndrome may also be observed when there are changes in other endocrine organs. Similar symptoms may develop in cases of basophilic adenoma of the hypophysis, tumours of the pineal gland, or the thymus, hyperostosis frontalis interna and arrhenoblastoma of the ovary.

We have not observed a simple pure case of Cushing's syndrome caused by hyperfunction or dysfunction of the suprarenal gland. Tumours with combination of symptoms of Cushing' syndrome with cortico-androgenic symptoms are not frequently seen.

One illustrative case of this kind is a seven-year old girl, admitted from the neurological department. The girl had become remarkably stout, the cheeks being very round. Her weight increased weekly up to 1000 G., the voice became hoarse and acne was present in the face. She had a characteristic bulging florid face. In this case a tumour was found in the suprarenal gland, to all appearance a carcinoma. In the course of operation the blood pressure showed a considerable drop. The result of the operation was not satisfactory, the symptoms did not disappear, and a year later the patient was re-admitted and a large tumour in the right side was found. The child died shortly afterwards.

The next case is a young man aged 18. He had a characteristic round florid face, thick panniculus and striæ on the abdomen, upper arms and upper legs. A tumour could be felt in the region of the right kidney. The gland was exposed and a tumour the size of a man's head discovered and removed. It was a carcinoma. Death a year later was due to carcinoma of the suprarenal gland with metastases in the liver.

In three more cases Cushing's syndrome was observed with hyperplasia of the suprarenal cortex :—

In a 30 year old woman there were the usual signs, including the development of a beard and her condition became very unstable. Menstruation had ceased the previous year. Blood pressure was raised. The suprarenal glands were exposed, but there was no tumour, although there was enlargement. The right suprarenal gland was removed, but three years later the woman died of degeneration of the heart muscles. In another case, a 37 years old woman with a similar history, one of the suprarenal glands was taken away, without any demonstrable change. Afterwards the patient died of cerebral hæmorrhage.

In another patient, aged 47, with Cushing's syndrome, after removal, the symptoms subsided a little.

Turning to the tumours of the suprarenal medulla, the first group of these, arising from the nervous elements, comprises the exceedingly malignant neuroblastoma. It arises chiefly in children and may appear in two forms : first as the Pepper type, which possesses the peculiar property that it matastasizes in the liver in such a manner that the entire liver is riddled with the tumour mass ; secondly the Hutchinson type. This tumour spreads along the lymphatic channels and the lymphatic glands, so as to reach the base of the skull via the mediastinal lymphchannels. The tumour develops in the orbit, leads to swelling, ecchymosis of the eyelids, exophthalmos, neuritis optica, blindness and ulceration of the cornea.

A second group of tumours, arising from the nervous system, are the ganglioneuromas. They are observed both in children and adults and are looked upon as benign. Another group of tumours arises from the pheochromocytes, which produce adrenaline. These pheochromocytomas may develop in the suprarenal gland itself, or outside the suprarenal gland in the sympathetic ganglia. They occur both in children and in adults and lead to hypertension, often in the form of paroxysmal hypertension. Apart from high blood pressure the following symptoms are noted during an episode: tachycardia, orthopnœa, anxiety, nausea, sweating, widened pupils, head-ache, glycosuria, abdominal pain and increased metabolism. Glucosuria is mostly observed after the onset. Between the attacks the systolic pressure mostly drops to normal values. In the long run hypertrophy of the heart, retinitis and nephrosclerosis develop, which in the end, will lead to death, often owing to a cerebral hæmorrhage or insufficiency of the ikdneys. As a rule the tumour is small and in the large majority of the about 200 cases mentioned in medical literature it was not palpable.

I have had the opportunity to treat three cases of paroxysmal hypertension, caused by a pheochromocytoma: The first is the case of a 41-year old woman admitted on 8th May, 1950, from the medical department. During the last eight years she had had palpitations of the heart and the heartbeats were irregular. The effect lasted for about an hour and subsequently she had a sensation of great hunger. On some occasions the blood pressure rose to about 200 mm. The left suprarenal was normal. On the right the suprarenal gland was exposed without touching the tumour. The first thing done was to clamp the vessels so that no product of the tumour went into the blood as a result of squeezing it. A tumour of about the size of a cherry was removed. After operation the patient made a complete recovery and the blood pressure remained normal.

A second case was in a man aged 55 who since 1945 had suffered from headache attended by a feeling of faintness. From the beginning of 1952 it was observed that each attack was attended by a steep rise of blood pressure to 200/100. A distension of the abdomen appeared to be due to a distended sigmoid ; a tumour could not be felt. As the general condition of the patient was not very good it was decided not to perform a perirenal insufflation of air, but to do a laparotomy to clarify the diagnosis. It was not possible to establish a mechanical cause for the distension of the sigmoid. The left suprarenal was normal, the right one contained a tumour, the size of a walnut. At that moment, however, there were signs of an enormous œdema of the lung. The patient was at once placed in the Trendelenburg position, several litres of fluid streamed through the tube from the respiratory airways. Death ensued after an hour. On post-mortem examination a characteristic pheochromocytoma was found in the right suprarenal gland.

The next case was a 33 years old man with typical paroxysmal hypertension. A pheochromocytoma of the size of an apple was removed from the right suprarenal gland. After this operation all symptoms disappeared and he is now cured.

A diagnosis of tumours of the suprarenal gland is not always easy. The clinical symptoms attending these tumours are not characteristic for the tumour of this organ and they may be observed in exactly the same way in cases of hyperplasia. The fact moreover, that the tumours are often minute and cannot be felt, has led us to try and find methods by which the tumour can be demonstrated with greater certainty. Sometimes a simple X-ray may reveal a soft shadow above the kidney. In other cases pyelography may establish that one of the kidneys has descended notably in the body, or that a deformity of the kidney pelvis or the calices has been brought about by the pressure of a tumour that is situated above the kidney. Unfortunately the tumour must have a considerable size before such symptoms can be established. Small tumours (they are often no more than 2 inches in diameter) cannot be located in this way. Therefore perirenal insufflation of air is devised to make tumours of the suprarenal glands visible. We also have employed this method in several cases and not without success. But in one case we have experienced a sudden death. Waltman, Walters and Sprague too, observed very grave symptoms in several cases after insufflation of air round the kidney. They abandoned the method. We now bring the air in the presacral passage which is less dangerous and it has given no complications so far. The air filters through the loose tissues and reaches the perirenal space in this way.

Surgical treatment of tumours of the suprarenal glands is not without a certain risk. In medical literature it is pointed out that the surgery of these tumours is attended with a high mortality, because the hyperfunction of the tumour may have caused atrophy of the other adrenal cortex. When the diseased suprarenal gland has been removed the remaining adrenal gland may prove to function insufficiently. The acute insufficiency of the suprarenal glands is mostly apt to arise after an operation of tumours with Cushing's syndrome ; after the operation of tumours with cortico-sexual symptoms insufficiency of the adrenal function is rarely seen. Several authors advise the administration in the morning before the operation of an intravenous adrenal extract in some form, administering a fresh quantity immediately after the tumour has been removed. This medication should be continued for some days after the operation. It is also our experience that one must be extremely careful when treating tumours that attend Cushing's syndrome. The patients with Cushing's syndrome have, moreover, the unfortunate peculiarity that they are very sensitive to infection. Therefore it is important to administer large quantities of penicillin both before and after the operation.

Surgical treatment of pheochromocytoma especially is extremely perilous. It is pointed out in medical literature that in a high percentage of the cases symptoms of lung œdema during the operation may lead to death and that in other cases conditions of shock may supervene from which the patient does not recover.

When removing tumours one must proceed very carefully and this holds good especially for pheochromocytomas. Any kind of pressure or squeezing of the organ will lead to a release of hormones which enter the circulation in large quantities, where they may give rise to very dangerous reactions. Therefore the lecturer prefers to do thoracolaparotomy in the 10th intercostal space to be able to approach the suprarenal gland very easily.

Altogether the result of removal of tumours of the suprarenal is, on the whole, rather satisfactory when the growth is benign, but the results of treatment of hyperplasia of the adrenal cortex has so far been unsatisfactory in my cases.

Mr. Nils Eckhoff, in thanking Professor Nuboer for his lecture, said that some two years ago it was his privilege to meet him in Johannesburg where he impressed all who met and heard him with the authority and interest of his deliverances. He called upon the present audience to show by acclamation their appreciation of this lecture, and this was most heartily done.

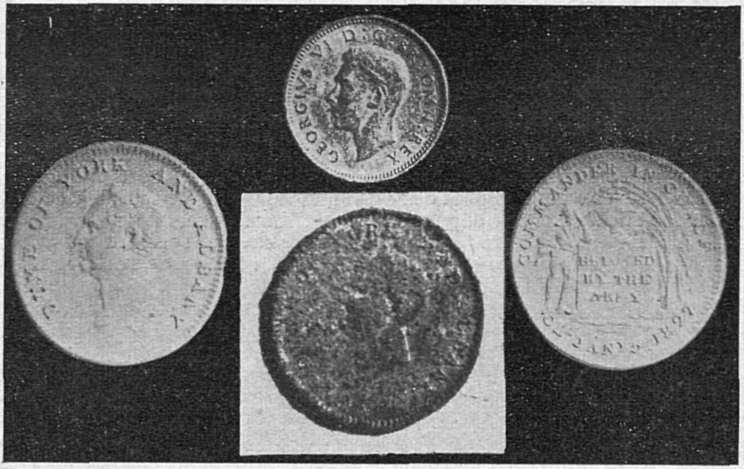
A COMMEMORATIVE MEDALLION

By G. A. K. Missen

The grand old Duke of York,
He had ten thousand men,
He marched them up to the top of the hill,
And he marched them down again.

Southwark has been inhabited by Man for many centuries. In 1946 archæologists carrying out excavations beneath the cellars of bombed buildings in King's Head Yard and next to the Borough Market found plentiful evidence of human habitation during the Roman era. It follows that finds of historical interest within the precincts of the Hospital are no novelty. The present specimen, however, is sufficiently unusual to merit a brief note.

Those who were at Guy's during the last war will remember the long air raid shelter that was dug on the East side of the Wills Library. As the rain washed the earth that had been thrown up in the digging of it there were revealed fragments of bone—many of them human, potsherds, oyster shells, broken clay pipes—and the subject of this note. It is a medallion of bronze an inch in diameter (the size of our modern halfpenny), but with a milled edge. Its surface has a green patina and much of the detail of the design has been lost. However, on the obverse can be distinguished a male head facing to the left, with the inscription " DUKE OF YORK AND ALBANY," while the design on the reverse depicts a soldier leaning against a tomb surmounted by an urn. On the tomb is inscribed " BELOVED BY THE ARMY," while the main inscription this side reads : " COMMANDER IN CHIEF. OBt JANy 5 1827." The Assistant Keeper of Coins and Medals at the British Museum has kindly examined the medallion and reports that it is one of a large number of varieties struck to commemorate the death of " the grand old Duke of York." He has also provided two beautifully-made plaster casts showing the obverse and reverse of an identical medallion in mint condition.



The medallion (centre) is flanked by plaster casts showing both sides of an identical specimen in mint condition. A modern sixpence gives the scale.

If you stop to examine the plaque at the foot of his column in Carlton Place you will read that Frederick, Duke of York, second son of George the Third, was born in 1763, was Commander-in-Chief of the British Army from 1795 to 1809, and again from 1811 to 1827, the year of his death. The historians describe the two rather inconclusive campaigns that he led in Belgium and Holland during the earlier years of the Napoleonic Wars, one author stating that in the campaign of 1793 the British force did in fact number ten thousand. The Duke married Frederica, daughter of Frederick William the Second of Prussia, but had no children.

The medallion and the plaster casts have been accepted by Dr. Keith Simpson for the Gordon Museum.

My thanks are due to Mr. C. E. Engel for his excellent photograph.

FURTHER RECOLLECTIONS OF A. R. THOMPSON, Ch.M., F.R.C.S.

II.—ANATOMY AND ANATOMISTS

IT was on a cold winter's day, with the rain pouring down, that I walked from Guy's to the London Hospital. I felt nervous and anxious for I carried in my pocket a paper, which through the kindness of Addison, afterwards Lord Addison, then secretary of the Anatomical Society, and lecturer on Anatomy at Charing Cross Hospital, I had been asked to read before the Society. I carried also a bag full of sections of the upper end of the femur, for I was about to demonstrate the relation of fractures, especially the extracapsular fracture to the internal structure of this bone. My paper was, very naturally, posted at the end of the meeting, and as there was some important business to be transacted, I had to wait a long time before my own paper was to be read. When my turn came, I did not read from the paper at all, but simply showed the specimens, as I felt that they spoke for themselves. The genial Arthur Thomson was president, and Keith and Parsons were there, and I had met both these distinguished men beforehand. Owing to the important business which had to be discussed, Makins was also present. Owing to the presence of this strong backing, the paper was not at all badly received and, indeed, Professor Peter Thompson was most kind in his remarks about it. The paper was finally published in the *Journal of Anatomy and Physiology*. In spite of its name, the journal did not contain either many or very important papers dealing with physiology. In connection with this paper I had letters from D. J. Cunningham, who wrote a fine firm handwriting, like that of L. A. Dunn. Having been a hero-worshipper of Professor Cunningham, through the medium of his *Manual of Dissections* I have a very proud recollection of his letters. I never met Cunningham. He was a great Zoologist and anatomist, and had been on the Challenger expedition, in connection with which he had written several important memoirs. He had done important work in the early days of reconstruction anatomy, and in connection with surface markings of an exact nature, in those days when formalin was being tried as a new method of hardening tissues *in situ*.

I remember once going down to Greenwich Infirmary to see Dr. Wiggens, who was in authority there, in order to secure a hardened specimen of the thoracic viscera to show to the students in the dissecting room. I injected the formalin on one Saturday afternoon *in situ*, and went down on the following Monday to remove the viscera after they were hardened. I put the specimen after its removal into a bag, and took the train back to London Bridge. Unfortunately there was an escape of liquid blood from the bag, and who should get in at New Cross but a butcher boy in a blue smock. No concatination of circumstances could have been more unfortunate. I think he smelt the blood, and must have seen it, but perhaps this fluid was too familiar to warrant his really taking much interest in it. All the same I got out on the side of London Bridge which is devoted to the business of the mails, and did a hurried " bunk " to Guy's, and the specimen was securely accommodated in the anatomical rooms. I heard cries of "Stop the murderer" at every corner that I passed, but all was imaginary, for the butcher boy was not following me. The specimen fulfilled its purpose, and afforded many a class of students some useful instruction.

Cunningham had been professor at Trinity College, Dublin, and was called to Edinburgh in order to succeed Sir William Turner The rise to fame of Turner is so interesting that I cannot refrain from telling the story. John Goodsir, the professor of Anatomy at Edinburgh before Turner, came up to London to see Paget for advice as to a suitable man for the important post of demonstrator in that University. Turner was a student at St. Bartholomew's Medical School, and was introduced by Paget to Goodsir as a suitable man for the vacant post. Goodsir asked Turner one question. Would Mr. Turner give the origin and the insertion of the thigh muscles ? They all arise from the " os innominatum " as far away from each other as is possible, but they converge, as they descend the lower limb, and are attached to the tibia, quite close to each other. This neat mechanical arrangement was given by Turner in addition to the exact attachments of the muscles. Immediately on receipt of the answer Goodsir offered the post to Turner, and when Goodsir died, Turner succeeded to the professorship of Anatomy at Edinburgh, where he crowned his great career by becoming principal of the University, and died full of scientific honours. Cunningham's *Text Book of Anatomy* of which the various sections are written by authors who were demonstrators at Edinburgh under Turner is a good book, but I do not like it so well as Cunningham's own *Manual of Dissections*. How well I remember, when I was studying Anatomy at Leeds under Wardrop Griffith and Jamieson reading about the muscles of the scapula in this book round about two o'clock in the morning. I was half asleep, but I suppose that all my working brain cells were concentrated on these muscles and their fasciæ, and, in consequence of this, I know that part of Anatomy as well as I know any portion. Across the years the pages that were then read by me, light up a very distinct picture of these structures, even to the ganglion which is found on the nerve to the "Teres Minor" muscle.

G. W. Nicholson who knew Cunningham, told me that on one occasion Cunningham had to give a lecture on dental anatomy to the dental students, in lieu of the usual lecturer. Cunningham without any long notice, gave a most admirable lecture on the anatomy of the human teeth, and Nicholson told me that it was one of the best lectures that he ever heard. When a man really knows his work an unprepared lecture may be much more inspiring than one that smells of the midnight oil-lamp, a traditional method of illumination succeeded now by electric light, which has its own smell.

Sir Arthur Keith, who was always kind to me, with his charming smile, and gentle manner won my heart at once. Secure a Scotsman with tender feelings, and you will not easily find his superior. As I heard it said once, Scotsmen keep their generous impulses well under control, but Keith never belonged to this type. It may be that he was caught young. After a residence in the East Indies, where he studied the anatomy of the apes that live in that region, he was appointed lecturer on Anatomy at the London Hospital, where he shared the duties at first with Treves, and went eventually to the Royal College of Surgeons where he was curator for a very long time. He worked during all the day, and most of the night. One could see him working, as he walked, lost in thought to the College, but he kept his weather eye open and his face wore a pleasant smile as he passed you in the street. As is well known he wrote a work on embryology which was read largely by students and teachers, and went into several editions. I used a borrowed copy, and found it most interesting, though I could never understand why the author began with the very difficult subject of the development of the face and palate, at any rate in the early editions. He had a good knowledge of surgical work and, as a consequence was one of the editors of Treves' *Surgical Anatomy*. His successors in the inevitable future editions of this work will do well not to alter or add very much to what Treves and Keith wrote in this book.

Apropos of this Barclay Smith told me a very interesting story about some remarks Treves had made in the early editions of this work. Barclay Smith was a student at the London Hospital, and watched Treves on one occasion cut down upon the lingual artery prior to a unilateral excision of the tongue for cancer. The surgeon did not reach the artery, but very successfully tied the hypoglossal nerve. When excising the half of the tongue on the same side there was very free bleeding from the unligatured lingual artery. After the operation, and the supposed experience obtained from it, Treves wrote in his book that the anastomosis between the two lingual arteries was very free indeed. Treves used to take a three months' holiday annually, fishing in the North Sea under very rough conditions. He wrote several surgical works, and occupied the highest position in the surgical world, and did much useful pioneer work in connection with the subject of appendicitis. He also wrote books of a more general interest. *The Elephant Man* was by him. He wrote a book on Dorset, but I venture to think that, like so many authors of similar works, he becomes too rapturous over country scenes and the like. It requires a Gilbert White or, possibly a Richard Jefferies, to discribe the country and its scenes dispassionately.

I met Barclay Smith first in Cambridge, in the long vacation term of 1898, when he conducted a course of histology. In this class there were two well-known men, Frank Kidd and C. T. Scott. I should like to mention Kidd here. He became a great urologist, and was on the staff of the London Hospital and, later, on that of St. Paul's Hospital. He attained to a large practice, and his consulting rooms in Harley Street of which he was very proud were like an out-patient department at a London hospital, that is in the manner of basins, and other necessary apparatus and instruments. He knew a great deal about urology, and published very many excellent articles, but only in the way of a book did he write one, and that a kind of notebook on the subject. The style made it not very illuminating or inspiring. He had a big practice, and was called down frequently to the West Country, where patients asked for him to be called into consultation. He overworked himself, and he could not take life easily. Doubtless this shortened his life, for he died too early, though not without reaching the highest position. He had rather a sharp tongue and did not always put his best side forwards.

C. T. Scott had got a first in the Science Tripos at Cambridge, as Kidd had done, but he attained as much fame for he played for Cambridge, Blackheath and England as a forward. To return to Barclay Smith, I may say that he was an excellent blackboard artist, and would have made a fortune, if he had gone down on his knees and had become a pavement artist, and not one of those who coolly hire other people's drawings and palm them off as their own. However I have always heard that he did very well as a coach in Cambridge. His artistic gifts he has handed on to one of his daughters, who has done admirable drawings for some works on Anatomy with the production of which her father was, in part, responsible. I suppose Barclay Smith in social scientific circles was better known than any other anatomist. He was always cheerful and pleasant, and gentle with fools. At various meetings of the Anatomical Society I have heard him tell stories which did not lose in the telling. He was far too busy teaching the young idea how to shoot at examiners to be able to find time to do much research work, but I heard him read a paper at one meeting of the Society in connection with the subject of the functions of synovial membranes that was most illuminating and suggestive. With characteristic modesty he did not have it published in any journal that I saw.

He was the treasurer of the Anatomical Society, and when he came to do this duty, he was quite horrified with the state that the accounts were in. Professor Johnston and I had audited these for a long time, but his ideas differed completely from ours, as he insisted on some method that I think people call quadruple entry. Johnston and I had been satisfied with seeing that all the money was actually there which the Society was entitled to possess. I met him first in the last year of the four years war, when he came to town from Cambridge. He proposed me for, and managed to get me elected as a member of the " Organon " Club, a dining club consisting largely of King's College, London, men. There were a good many scientifically minded men who were members of this club. We used to dine at Jules' Restaurant in Jermyn Street. Amongst the members was an old man who still enjoyed life, and was the soul of the little nucleus with whom he sat. I refer to Professor Miller Thomson who had got his F.R.S. in chemistry some years previously. He was the distinguished son of a distinguished father, Allen Thomson.

Allen Thomson had edited some of the intermediate editions of Quain's *Anatomy*. Miller Thomson gave rather a dramatic account of a slight adventure he had in Scotland. One year he went to some wild loch in Scotland for his annual holiday, and arrived very late one night on the yacht upon which he was expected to sleep. But he wooed sleep in vain, and she refused to come through the long hours of the nocturnal solitude and absolute quite of a lonely Scotch district. The sun was a long time showing its forehead, at least so it seemed to Thomson, but with its showing a duck rose and lapped its wings, and Thomson went to sleep at once. His manner of talking and the look upwards with his eyes as he talked, come back to me very vividly. My eldest son is now a member of this club. I believe this matter of father and son being members of " Organon " at the same time is unique. The pleasure of dining with my son is equalled by the honour paid to us both in being thus elected members.

Let me put a " p " to Thomson's name, and say something about Peter Thompson. He was a most energetic member of the society. His energy outran his strength for he died of some tuberculous infection at too early an age, but not before he had shown the anatomical world that he was a man of first rate ability. His dissections and investigations of the muscles of the perineum in both sexes is well known, as many of his drawings have been inserted in the text books. But in later life his researches into embryology, by means of reconstruction models were most instructive, especially those concerned with the region of the heart and diaphragm. Moreover he always in his lectures and demonstrations took the trouble to explain what he was driving at in the way of information and investigation. A tall thin man, who always looked smart, and with a clear voice, his lectures were worth listening to, and were looked forward to by members of this Society. At a time when the method of reconstruction of microscopic sections was fashionable and popular with anatomists, his demonstrations were amongst the best, and were very lucidly explained, much more so than by some of this method's exponents. He gave one the impression that he had a story to tell, and was going to tell it as briefly and as clearly as was possible.

Amongst the very highest authorities in the anatomical world was Professor Elliot Smith. I first met him in 1908, or thereby. He was a pleasant companion on a long railway journey. His somewhat combative, and provocative remarks about other anatomists and their work provoked a good deal of amusement, and some heart-burning. But he was invariably right in his conclusions. I look back now, and feel that as with other men, he taught me a very great deal, and I wish that I had been able to follow all that he said, for many of his conclusions, as it were, antedated other people's thoughts by ten years. There was, I think, some very slight reference to his work at the beginning of the century, and very quickly he stepped up the ladder of fame by really sound and brilliant work, until he reached the top, where he remained with his reputation untarnished, and his ability maintained. A kindly and generous man, he was a great loss to the Society when he died, and a still greater loss to the scientific world at large. No man was more competent to speak up for what he regarded as the truth.

Elliot Smith, although he did a great deal of original work so inspired his demonstrators, and those working under him, that one, Woollard, succeeded him at University College, and another succeeded Professor Wilson in the chair of Anatomy at Cambridge. This is Harris, the present professor there. His lectures are well known for their wit. The former has done a great deal of work on the surgical importance of the sympathetic system of nerves. He did much of this work at St. Bartholomew's when he was professor there. A. F. Dixon formerly of Cardiff from whence he went to Dublin in succession to Cunningham, Wright of the London Hospital, and Howden of Durham University, one of the most successful editors of *Gray's Anatomy* have given very strong impressions to my mind as I go over past years. Dixon once read a paper before the Anatomical Society on the ossification of the dorsal vertebræ in which he tried to show, and did in fact show that the transverse processes shared slightly in the ossification of the bodies of these bones ; and that the epiphysial line separating the ossifications passed through the articular surface. This was curious, as I attempted to show, for if he had read Arthur Thomson's article in *Cunningham's Textbook of Anatomy* he would have known that this fact was already well known. He might have read the article, for he was responsible for the article on the urinary organs in the same book. Elliot-Smith was very much amused by my remarks, and often quoted them.

William Wright of the London Hospital was a charming man, who took himself a little too seriously, if any criticism is called for of his character. He was very popular at the London Hospital, where he was dean as well as professor of anatomy. He was very popular, although he was firm in his dealings with the students, who always respect a strong man. " He was a beast ", said the Rugby schoolboy of Temple. " He was a beast, but he was a just beast." Although Wright could never be called a beast justly, yet I suspect that he showed similar grit to that of Temple, when dealing with young boys or students. I knew him well, but not to the same degree as others did. Wright was a great friend of L. A. Dunn, when they lived at Gerrard's Cross. When Dunn lay dying in Bright ward at Guy's Hospital, Wright used frequently to visit him. They talked about the simple pleasures of the country side, and the sights of birds and trees that they knew intimately. It was also for Wright, as with Dunn, to die of malignant disease. He never knew it, for I had a letter written from him, written to dictation, just before he died, in which he said that slight suppuration was holding up the healing of the wound, and that he expected to be about in a few days. The surgeon who operated upon him must have displayed considerable greatness in blaming suppuration after he had operated upon Wright, for what was really cancer. Wright was a most knowledgeable man, and gave some interesting lectures on the anatomy of the elephant at the College of Surgeons as Hunterian Professor many years ago. It is my recollection that he said the noble elephant was more akin to the pig than any other animal, except the peccary. I shall mention Wright again in connection with the primary Fellowship examination.

Howden, formerly professor of Anatomy at Durham University, retired to Crieff, in Perthshire, where he died at a good old age, attained great fame, if not knowledge amongst the students of a few years ago, for he edited some editions of *Gray's Anatomy*, before our own Professor Johnston took over the duties of this important work. With his firmset lower jaw, and his square face, with strong shoulders I remember him well. He was president of the Anatomical Society during the last war, and though the travelling in those days from Durham must have been a severe trial, he was always punctual, thus setting a good example to many a younger man, in the first duty of a president. He took an especial interest in the anatomy of the special senses, particularly that of the ear, and wrote the article in Cunningham's textbook. He was only the other day, as it seems, made an honorary member of the Society, a tribute as much to his friendliness, as to his academic attainments. There comes to my mind one day when he asked to take my arm whilst going up stairs in some centre of medical education, where the architect had sacrificed convenience to appearance, an honour to which I readily acceded.

Another well-known professor was, at one time, most assiduous in his attendance at the meetings. G. D. Thane was for a long time the Nestor of the Anatomical Society. I do not know what his political feelings were, but I do know that he was one of the most conservatively minded men that I ever met. He liked plenty of anatomy, but liked it served up in the ways of former times. He liked straight dissections, and specimens of bones, and was obviously bored with the reconstruction method of studying anatomy, which was so assiduously practised and employed by anatomists, who liked specimens which showed the three dimensions of space, rather than the two dimensions of drawings. He possessed in his brain a great store-house of knowledge of other men's work, but had not done any original work of which I am aware. As Professor at University College he edited a book dealing with dissections which had been written in the first place by Ellis a predecessor at University College, a book which contained much information, but with little soul in it. There was a very great difference in this book from that of Cunningham for the spirit of genius was to be found in the latter, and a raciness of style that I have never seen excelled. I do not doubt that there were facts to be found in the former, but one had to find them, with no inspiration except that of the acquirement of knowledge. Woe to the man who presented work which had been done by someone else in the past, and Thane was particularly severe upon the man who repeated other people's work without acknowledgment and explanation.

I was very pleased when at my first paper, he said that he had not seen a particular dissection that I had made, which showed the exact relation of the " calcar femorale " in the upper end of the femur and this, he said, he had never seen before. I am not sure that I had not, but I forget where. Thane was most precise, and was towards the end of his active career an inspector of vivisection. For this piece of business he was eminently suitable. For a long time Thane possessed only the Conjoint diploma, but was elected a Doctor of Laws by the University of London in his later days. He also edited, and in this editing lay his great work, the tenth edition of *Quain's Anatomy*, a book remarkable for its accurate descriptions, as well as for its numerous references. Both these characteristics were supplied by Thane in his part of this great work.

F. G. Parsons was well-known in London, and lately lived on the Chilterns near Princes Risborough but he came up to town very regularly in order to work on the history of St. Thomas's Hospital, where at one time he was professor of Anatomy. He did much work on the muscles, especially in their comparative anatomy, and he worked largely in the very difficult subject of anthropology, to the study of which he made many abstruse contributions. He was at St. Thomas's the whole of his active life. He was a fair minded examiner at the College, and as such was much in request. Once I was his guest at the Athenæum. I have dined with two friends at this club, viz., Mollison and Layton, who were both house surgeons of Lane at Guy's and, Lane, I believe, used to put down the names of all his house surgeons for membership of this club, so that they stood some chance of being members before old age seized them. I also dined there with my brother, Sir John Thompson, K.C.S.I., K.C.I.E., to whom, in the smattering of learning that I possess I owe more than I can express. The planning of the buildings at Delhi is his monument, and this is the reason for my not saying more about him. Whenever I visited the Athenæum Club, I always felt that I could do ten prostatectomies in an hour there, and the door of each room was kept open so that members could retire without noise. Scientists, and other academic lights shine for a long time.

One of the pleasantest men whom I met at the Society meetings was Alexander Low of Aberdeen, who before he succeeded to the chair of Anatomy there was demonstrator of Anatomy under the Professor, R. W. Reid, and when this anatomist resigned from active work Low took his place as Regius Professor, a title which indicates the respect that the subject of Anatomy attains in Scotland. Low wrote a few papers for the Society. They were always models of good planning and arrangement, with excellent and really artistic photographs made for the purpose of elucidating his demonstrations. His papers were all too few. He came to town too, on rare enough occasions, but was always welçome, and in his turn, always pleasant.

From these members of the Society I must now pass on to my own personal experience of the Primary Fellowship examination, which I suppose is the most abused examination in England at the present time, and for a long time past. Thanks, largely, to the influence of Sir Herbert Waterhouse, my senior colleague at the Victoria Hospital for Children, I was appointed to this examinership in the summer of 1918. I remember well how when nephritis had striken me down, Waterhouse who knew I was ill, telephoned through to me to say that the Selection Committee had put forward my name, although I do not think that I had told him I was a candidate for the post. There are some men who voluntarily do the kindly and generous thing. There is one member of the Anatomical Society, for whom I have the greatest admiration and respect. She is an example of the best type of woman, and than this I need say no more about her personal characteristics. Professor Lucas Kene was until recently the Professor of Anatomy at the School of Medicine for women in Huntley Street, Bloomsbury. I have always difficulty in finding the street in which the school is placed, for it is not every road that leads there, but after this difficulty has been negotiated, the welcome that one records is very kindly. Professor Keene was elected by the University of London to the degree of D.Sc., and in giving this degree, the authorities at the University of London honoured themselves as well as her. She has done what anatomists very rarely do, that is, lend me specimens which were used to illustrate some remarks I had to make once on congenital deformities of the urinary tract. She has also supplied me with drawings of aberrant blood vessles of the kidneys, but I pay small attention to these kindly acts in comparison with the fact that she once recognised me in the Whitechapel Road, and it is not every woman who would do this. Moreover she stopped to speak to me. I felt at any rate, the blush of pride as she spoke to me. The occasion was, otherwise, a sad one, although I have always put the sadness away from my mind, when I remember how I met her. The occasion was the memorial service for William Wright in the church behind the London Hospital, which is known as the London Hospital Chapel. After I had met Professor Lucas Keene I much regretted and animadverted against the propinquity of Whitechapel station to the hospital chapel.

When I took up my duties as an examiner for the Primary Fellowship it had recently been the custom for the examiners to set two papers, with alternative questions. This plan had superseded a single paper of four questions, all of which had to be answered. Now I do not pretend to have the ability of the man who carefully studies the methods whereby he may be able to deceive the examiner, but it was discovered, quite accidentally, that certain candidates would omit certain parts of anatomy such as a lower limb, gambling on their being able to omit one of the alternative questions which dealt with the subject about which they knew very little, and upon their having no question on the omitted part during the " viva " examination. The examiner who detected this imposture was indebted to a student, who, in the "viva voce", was asked very simple questions about the femur. He failed to answer these questions, and the examiner very quickly discovered that the candidate also knew very little about the tibia and the os calcis. The candidate was then questioned as to his want of knowledge, and he let the cat out of the bag by telling the examiner that he had, in fact, not read up the lower limb and had gambled on his not being questioned about the bones of that part of the body. So the single paper with the four questions which had to be answered was again restored to favour.

Fellow examiners of mine for the Primary Fellowship from 1918–23, were Patterson of Liverpool, Clayton Greene and Fraser of St. Mary's Hospital, Gordon Taylor of the Middlesex Hospital, William Wright, and W. F. Haslam of Birmingham, who had been a St. Thomas's student. Whilst Patterson, Fraser and Wright were professional anatomists, the others were surgeons with some knowledge of anatomy. In 1918 and 1919 there were a good many candidates who had served abroad in the four years war. It was felt by the Council of the College that such candidates should not be expected to know too much of the details of anatomy, and the examiners should be asked to wait upon the Council with a view to making some practical suggestions as to the method of carrying out the suggestion. After rather a long debate no very important conclusion had been reached, but I rose and suggested that no questions on embryology should be asked either in the paper or in the " viva voce ". Up leapt Sir John Bland Sutton who said that my proposal had clinched the matter, and said that I had made an excellent suggestion. I never felt so proud, and blushingly said not another word. So long, then, as candidates who had taken part in the war came up for this examination, no question was asked which dealt with the subject of embryology. The two best candidates who presented themselves for the examination during the time I was an examiner were a soldier and a woman. The soldier had been, I think, in a fighting unit. He had three medals, including a military cross, and two wound stripes. He never made a mistake in his answers to William Wright, who eventually gave him nine marks out of a possible ten. Wright gave him nine, for he said, " We keep ten for ourselves, and I shall, therefore, give him nine ". The other was a lady with an honoured name. She also obtained nine marks for she did not make a single mistake. If I could mention her name, my readers would not be in the least surprised at her success, but when I say that her uncles had provided material for other people's writing for the last thirty years, and that whilst two of them occupied a distinguished position in the councils of the nation, one having been also a high classic at Cambridge, and that the third uncle had been an embryologist second to none, some of these readers will have no difficulty in supplying the name.

On the other hand the only man who made my conscience rather smite me was a dark man who came up on the last day of the examination. Now, men who came up late for the examination were slightly suspected, for it was supposed that they had got through their second examination quite recently and were having a gambling shot at the Primary Fellowship examination, on the knowledge which had got them through the easier examination. Naturally such people had sent in their names rather late, and they were put down last on the list of candidates. Having some sympathy for a gambler, I had laid out a nice and tidy specimen of a lung, and proceeded to ask him about it. He stood afar off, with his hands in his pockets, and said that the specimen was the liver. I expostulated with him, and told him that, if he would examine it manually, he would not have made such a mistake. He then leapt to attention, and handled the specimen, and he admitted that the specimen was that of a lung. I hardly dared ask him to which side it belonged. I then took him to see another specimen, this time of an open thorax, with the heart removed and the pericardium opened through an anterior window, with the origin of the great vessels exposed. He told me that the aorta was the vena cava and that the vena cava was the trachea. When I asked him to repeat his answers with a view to amending them, I will give him credit for adhering to his former answers. He answered some questions in connection with the popliteal region, of which there was a dissected specimen, and I took him back after these answers to the thorax again, and took the precaution of asking my colleague Gordon Taylor to come and hear his answers. He courageously adhered to his previous opinions. I gave him six marks, which was sufficient to pass him, for I thought that perhaps I might have " put him off ". I never made a greater mistake for, on the strength of the kindly six, he came up again after being ploughed in this examination, twice, and never obtained more than three marks in any part of his examination, either in anatomy or physiology. So I was the cause of his spending much money in examination fees, and wasting much time, that might have been more profitably spent in his learning clinical work.

I much enjoyed examining for the Primary Fellowship. One saw a great deal of human nature working under great difficulties of anxiety, and sometimes, nervousness. No one but a most brutal man would ever bully a candidate under such circumstances and let me venture to suggest that when candidates present themselves for this examination, they should know their ordinary anatomy well.

Now for some words about my fellow examiners. Haslam was the senior, and practised surgery at Birmingham, where he had also lectured on anatomy. He was most careful in the way that he allotted marks, and used to keep many penny notebooks in which he jotted down his marks, and various other details about the candidates with whom he had come into contact in the paper and might have to see in the viva, though the same man never marked candidates in both paper and viva. The examiner who had looked over papers did not examine the same candidates in the viva. He had a good knowledge of anatomy and was often called upon to examine for the Primary Fellowship. He had a good dining table knowledge of comparative anatomy, by this I do not mean that he knew his embryology from specimens of eggs of which he partook, but he knew about the comparative anatomy of the skeleton of birds and animals that are so often seen at the dining table. I suspect that his knowledge of anatomy was an encumbrance rather than otherwise in his surgical operations. He wrote a good paper on vesical stones, and I think that he recognised that vesical stones were due, in the first place, to descent of a stone or stones from the kidneys. I used frequently to lunch with him at one of the Bloomsbury hotels, where he stayed during his residence in town.

Patterson was professor at Liverpool, and had been a student at Edinburgh under Turner. His views on the development of the sternum have stood the test of time, and are generally accepted now. He was a keen golfer, and I should imagine very popular in whatever first class club he belonged to amongst the multitude of first class links in the neighbourhood of that great city. Unfortunately he died shortly after he had been appointed examiner, but I owe him much for his word was his bond, and if he said he would do a thing he not only did it, but took great trouble to do it properly. There was no tardiness or ungraciousness about Patterson. He took the view (which was entirely opposed to mine, though I do not play golf) that an indiarubber glove was most useful in insuring a firm grasp of the clubs, He would have seemed to have forgotten about the roughish nature of the fingers and hands, especially of anatomists who get their hands formalised so frequently.

Clayton Green I knew no more about after I had met him than I had done before, but he had a great and deserved reputation amongst surgeons in London. He had a large practice and was a very good operator. Wright I have mentioned. Frazer was the professor at St. Mary's, and had a big class from other hospitals for his fellowship course. He brought out a book on osteology, which was new in many ways and formed very profitable reading. He also taught embryology, though his views were not always accepted, though, as he would have said himself, there was no doubt about the truth of his teaching. Gordon Taylor, who was surgeon to the Middlesex Hospital, where he has a great reputation, had been well known to me for many a long year. He knew his anatomy very well indeed, and had done original work on the myology of the knee region. He was a fair examiner, but rather severe when a candidate did not know what in his opinion he ought to have known. He is an excellent operator, and his papers were good. He was a first class cricketer, who played for the M.C.C.

I have given what in my opinion a candidate should know for this examination, and it will be well for such a man to realise that he will be ploughed if he does not know the exact surface markings on the bone which indicate the attachments of muscles such as the triceps of the upper limb. Granted that these are not well described in some textbooks, yet it is a muscle which an ardent dissector can know a great deal about from his own enquiries. He should know about the palmar arches, and their various methods of formation, not forgetting what has been said previously about the importance of the " comes nervi mediani." He should know about early division of the brachial artery, and about the development of the great vessels, but he must be clear about what he thinks he knows. In embryology he cannot be expected to know about minute details but he should be certain that he can, in his mind, go through all the steps of development before going up for this examination.

Thirty Years Ago

From Guy's Hospital Gazette, 16*th February*, 1924.

The popularity of the Residents' Play necessitated a run of four nights owing to the large demand for tickets . . . . The play was in four acts (eight scenes), and was so much longer than last year's that it filled the whole bill instead of having a concert for curtain-raiser . . . . with the advent of the Labour Government the neglected wardmaid has clearly come into her own. Not only did she dominate the plot, cutting out a mere " strings " and causing paroxysms of jealousy, but she now apparently takes tea in the College in mufti, and in the dénouement turns out to be intimately related to some of the " bluest " blood in the Hospital . . . . The Residents enlisted our sympathy in the first act, and it must be one of their annual perplexities to infuse some variety and novelty into the caricaturing of the Senior Staff without which no Residents' Play is complete . . . . Sir Deadly Cripp came in for a prolonged study . . .

(Sir Alfred Fripp was on the Surgical Staff from 1897 to 1925.)

CORRESPONDENCE

Letters to the Editor of the Gazette

Corporate Communion in Chapel

From The Chaplain

SIR,—May I use the courtesy of the *Gazette* to draw the attention of the staff and students of the Hospital to the fact that I have decided to arrange a celebration of the Holy Communion in the Chapel at a time which it is hoped will be convenient for a *Corporate* Communion. There are a number of Christian fellowships and societies doing excellent work amongst us. Not everyone, however, has the opportunity, or even the inclination, to join in their activities. Yet the Church has been an active influence in the Hospital since the day it was opened. In a place of this size it is virtually impossible for the Chaplain to know personally those who are Church members. Usually, the only people here who can join in the Communion Services are the members of the nursing staff.

I am certain that it would be a tremendous strength if those who are communicants could recognize one another and realize more fully the importance of their Christian witness in the life of the hospital. The attendance in fellowship at the Altar would be a simple and very natural expression of the bonds which link us as Christians. It would do much to establish the significance of what is—and always has been—the work of the Church in the Hospital and its schools, dedicated to the glory of God under the motto " It is more blessed to give than to receive." I appeal, therefore, to all members of the Church of England to be present at the first of our Corporate Communions in the Chapel on the first day of Lent this year, Ash Wednesday, March 3rd, at 9 a.m. I especially hope that senior members of the staff, as well as students and others, will be able to make the necessary re-arrangement in time tables in the belief that this is really important. Tea and light refreshments, as a simple breakfast, will be provided afterwards for those who would find this convenient. The next Corporate Communion will be at the same time on Ascension Day, May 27th.

Yours, etc.
W. DENYS GIDDEY,
Chaplain.

Sir Arbuthnot Lane and Rubber Gloves

SIR,—Rubber gloves for surgery were introduced by Halsted of the Johns Hopkins University. I do not know the exact date, but it must have been between 1900, when I was a dresser, and Dr. Dryland's time, a few years later.

In Mr. Tanner's biography of Lane, I have told the story of a general practitioner who came to dress at an operation on a private patient. Lane found an ingenious way of keeping some black-edged finger nails a foot or more away from the wound.

There were no flies on Willie Lane. But there were no rubber gloves on his hands when he first perfected his non-touch technique.

Dr. Dryland's astonishment preaches my little sermon that interest is centred around the time at which some advance is made, rather than in a name.

Yours, etc.
46 Friar Gate, Derby. HUGH BARBER.

The Mouth and Teeth of the African

SIR,—It was with great interest I read Mr. Waboso's paper on the mouth and teeth of the African.

I believe I was the first Dental Officer of the now Royal Army Dental Corps to serve in Sierra Leone. A colleague and myself in 1940 carried out the first dental inspection of the soldiers in the West African Frontier Force. Over 800 Africans were dentally inspected and special attention was paid to supernumerary teeth and the condition of the gums, teeth lost prior to and since enlistment, diet and tribe.

The men were mainly from the following tribes: Daluka, Mendi, Conoh, Faraba, Kundu. The findings were very much in agreement with those of Mr. Waboso. The interesting facts were mainly that :—

1. Most of the teeth lost were prior to enlistment although a large number of

the Africans had served many years in the Frontier Force.

2. The marked gum recession due to the use of the cleaning sticks and diet.
3. The large number of supernumerary teeth present, mainly supernumerary molars and premolars.

Yours etc.,

EDWARD L. MOLL.

Gillingham, Kent.

Rugby Club Ball

SIR,—Will you permit us to use the pages of the *Gazette* to draw attention to this year's Rugby Club Ball. It will be held on 10th March at the Hyde Park Hotel, Knightsbridge. There will be dancing from 8.30 p.m. until 2.0 a.m. and there is a bar extension until 1.30 a.m.

The price of double tickets is three guineas (for students and residents £2–5–0) and this includes the price of the buffet. Applications for tickets may be made to any of the undersigned.

Yours, etc.,

J. W. KIRKBRIDE, D. A. COPPOCK,
W. J. HOWELLS, R. K. KNIGHT.
Ball Committee, G.H.R.F.C.

REVIEWS

John Keats: The Living Year. By ROBERT GITTINGS. 247 pages. 11 Illustrations. London. Wm. Heinemann Ltd. *Price* 16*s*.

Any book about John Keats must be of great interest to those who live today in the hospital where he lived and from which he obtained his medical qualification. This book is by Robert Gittings, a distinguished modern poet. He has made fresh discoveries in regard to Keats' residence at Chichester and at Bedhampton and has followed in greater detail than earlier writers the effect of the work of Burton and of Dryden on the poetry of Keats ; he is able to give us new facts relating to the friendship which John Keats had with Isabella Jones.

Every medical student knows that you can have no real knowledge of medicine unless you study with great care the existing writings of those who have been eminent in that subject. We feel that the attempt to attribute lines of a great poet to the writings of other poets whom he has read before can be carried too far ; as has been done by Professor Finney, in his great two volume book ; or that the opinions of the writer of a book may be so interpreted as to seem part of the author about whom he is writing. This is sometimes the case with that truly great book by Mr. Middleton Murray, *Keats and Shakespeare*. We hope therefore that our readers, after perusing the book under review with that care which it merits, will turn again to the poems and to the letters which make John Keats the great man of letters which he is in the world today. We should like to comment adversely on the arrangement of the references on this book ; e.g., on page 41 reference 10—after hunting at the back of the book, through a confusion of sections, we are referred to Appendix E and begin the hunt again ; this abominable modern custom should be abandoned and the references printed at the foot of the page to which they refer. Otherwise the book is well bound and produced.

F.N.D.

Rawling's Landmarks and Surface Anatomy of the Human Body. Ninth Edition. H. K. Lewis & Co. *Price* 12*s*. 6*d*.

In his opening paragraph the author points out that he is trying to avoid fixing of surface landmarks by " a network of intersecting lines." He has succeeded admirably and produces a clear uncomplicated book. For the sake of continuity a certain amount of topographical anatomy is included with each landmark being referred to one or more of the excellent diagrams. But the student would be better advised to read the text with reference to the human subject rather than the illustrations—a point not made sufficiently clear. This book is recommended to all preclinical students and those clinical students revising for their finals.

D.R.P.

Practical Orthoptics in the Treatment of Squint and other anomalies of binocular vision. By T. KEITH LYLE and MARIANNE JACKSON. Fourth Edition. H. K. Lewis & Co. *Price* 63*s*.

A change in the conception of the correct use of orthoptic exercises has come about since the earlier editions of this book, as it is now accepted that defects in binocular vision are the result, and not the cause of strabismus, and in consequence, this edition has been completely re-written.

After describing the general principles of orthoptics and the use of the various forms of orthoptic apparatus in diagnosis and treatment the authors discuss the general lines of treatment in all types of squint, with the indications for attempting to re-establish or strengthen the binocular reflexes. The diagnostic value of the Orthoptic Department is also emphasised. A new chapter on nystagmus has been added, but the advisability of also including one on the ocular neuroses, when the book is primarily intended for medical auxilliaries, is a little doubtful.

This book is well illustrated not only with photographs but also with the numerous case reports which enable the reader to get a clear picture of the clinical problems discussed. Whilst primarily intended for the orthoptic student, it can be recommended to ophthalmologists who wish to get the best use from their Orthoptic Department. The new edition will safeguard its place as the standard textbook on the subject in this country, and will go a long way towards maintaining the leading place in world ophthalmology which British orthoptics holds today. P.L.B.

Aids to Inorganic Chemistry. By R. G. AUSTIN. Second Edition. Published by Baillière, Tindall and Cox. *Price* 10*s*. 6*d*.

Perhaps no science has advanced so rapidly in the last few decades as chemistry, yet the magnitude of this gain in knowledge has been matched by its unobtrusiveness. At the turn of the century a student took chemistry to become an analytical chemist and was duly instructed and examined in the conglomeration of barely related facts and receipts necessary to that craft. Most chemistry courses have become ossified at this stage and the public have come to believe that this particular lore constitutes Chemistry. Living systems are chemical systems and very complicated chemical systems, so that only an approach based on fundamental principles will suffice if the student is to gain even a modest comprehension of their nature. Furthermore, it is actually easier to learn the principles than a vast number of useless (and frequently inaccurate) "reactions" and preparations. Modern chemistry has relegated much of the burden of purely factual information to the " look it up in the most recent sources when you need it " category, which is the only safe way to proceed with a rapidly developing subject.

The book under review is based on one written several years ago (" Aids to Chemistry " by William Partridge) and an attempt has been made to adapt it to a present-day outlook by the addition of chapters on topics such as the constitution of matter. Unfortunately the approach is not fundamental : the more modern parts have rather the appearance of being grafted on and it is doubtful if the student will find them of much assistance in substituting understanding for memory. The introductory chapter alone contains a sufficient number of equations to warrant a call on his mnemonic monger. The book may be useful as a pocket handbook for those who happen to be taking an examination the tone of which is set by " Qualitative Analysis " but many topics necessary to an understanding of chemistry as a preparation for biological studies are not discussed.

P.R.R.

Practical Preparations in Common Use. Edited by P. J. CUNNINGHAM, B.A., S.R.N., S.C.M., Health Visitors Certificate. Published by Faber and Faber Limited. *Price* 4*s*. 6*d*.

A small sized handbook of most treatments in daily use, arranged alphabetically and containing essential points set down simply and concisely. There is room at the end of each treatment for the nurse to add notes and observations thus adding value to the book. M.J.

We are asked by Messrs. Elek Books Ltd. to state that the price of their book *Curative Hypnosis*, reviewed in our issue of 26th December, 1953, is 17*s*. 6*d*. and not 15*s*. 0*d*. as stated there.

HOSPITAL INFORMATION

UNIVERSITY OF OXFORD

Litchfield Lecture

A Litchfield Lecture will be given by Sir Charles Symonds on Wednesday, 3rd March, at 5 p.m. in the Maternity Lecture Theatre, Radcliffe Infirmary. The subject of the Lecture will be : ' Recent Advances in our Knowledge of Epilepsy."

PASS LIST

UNIVERSITY OF CAMBRIDGE

M.B., B.Chir.

The above degree has been conferred on R. D. France, Ee Keng Lee, R. H. Morgan.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS

M.R.C.O.G.

P. J. Dwyer R. W. Hughes

APPOINTMENTS

NURSING STAFF

Sister J. Brotton appcinted Night Sister.

Sister F. Curtis transferred from Orpington to *Patience-Samaritan.*

Dental House Surgeons

8.2.54–7.5.54	Mr. D. S. Noble.
8.2.54–7.8.54	Mr. D. J. Wicker. Mr. M. W. Cooksey. Miss H. C. Cummins. Mr. D. C. A. Picton (Children).

PHYSIOTHERAPY AND RADIOGRAPHY ASSOCIATION DANCE

There will be a Physiotherapy and Radiography Association Dance at Bush House, on Thursday, March 18th, from 8 p.m.—1 a.m. Tickets are available from the Physiotherapy staff or Department. *Double Ticket 25/–.*

GUY'S HOSPITAL MOTORING CLUB

The next event will be held on Saturday, 20th February, and will start in the hospital car park at 5.30 p.m. This event will be a Scavenger Hunt and will finish at 8.30 p.m. at the " Buck's Head," Godden Green, Nr. Sevenoaks. A good map of the S.E. London area will be required. The entry fee is 3*s*. 6*d*. per vehicle.

The proposed rally to be held in the Amersham area will be held on Sunday, 21st March, at 1.30 p.m. Further details will be announced at a later date.

The last event was again won by Dr. R. E. Snow who is the present holder of the Drivers' Trophy and has scored two wins already this year. Second was J. G. H. Billison and third was M. Groves.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 *line* 2*s.* 6*d.*, 3 *lines* 6*s. Box Numbers* 6*d. extra.*

Ordinary rates :—
1 *line* 6*s.*, 4 *lines* 20*s. Box Numbers* 9*d. extra.*

SPECIAL ANNOUNCEMENT

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BOURNEMOUTH. Two young Guy's men offer assistantship in congenial, busy, modern dental practice. View to partnership later if desired. I. H. and A. W. Hilliam, Kildare, Wimborne Road, Northbourne, Hants.

GUY'S MAN intending General Practice requires Doctor's Bag. Box 31.

For Sale

ANTIQUE SILVER Teapot, 1776, £30. Teapot stand, 1786, £10, Sugar Basket, 1786, £15, Cream Ewer, 1805, £5, Caddy spoon, 1808, £2 10*s*. Box No. 29.

PIANO. Very good condition. Bargain : £30. Box 30.

SKULL AND HALF SKELETON £10. Box 31.

CHANGES OF ADDRESS

A. V. Large, M.B., B.S., Long Mynd, Hill Crest, Natal, S. Africa.

J. S. Pegum, M.D., M.R.C.P., 1 Queen Anne Street, Cavendish Square, W.1, and 06 Collingwood House, Dolphin Square, London, S.W.1 (Tels. Langham 3222 and Victoria 3800, Ext. Collingwood 06.)

E. G. Searle, D.F.C., L.D.S.R.C.S., 22 Martyrs Avenue, Langley Green, Crawley, Sussex. (Tel. Crawley 1637.)

T. Smith, B.D.S., L.D.S.R.C.S., 238 London Road, Leicester.

BIRTHS

COX.–On 10th February 1954, at Nuffield House, Guy's Hospital, to Elizabeth (née Padbury) wife of A. G. Charlton Cox, M.D., M.R.C.P., a daughter (Margaret Elizabeth).

LEWIS.—On 30th January, 1954, at Redhill County Hospital, to Rosemary (née Batten), wife of E. C. Lewis, M.B., B.S., D.R.C.O.G., a son (John Claude).

MARRIAGES

FAWCETT-FOOKS.—On 26th December, 1953, at Westcliff-on-Sea, Surg.-Lt. (D) Michael J. Fawcett, R.N., to Angela R. Fooks, L.D.S. R.C.S.

LARGE-SCALES.—On 6th February, 1954, at North Frodingham, Yorks, Anthony V. Large, M.B., B.S., to Jean Scales, S.R.N.

Eds. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVIII No. 1712 6th March 1954 One Shilling

PASSIM

Simple Wisdom

OUR comment on the semi-circular curtain rods in the wards which are now being replaced by modern shaped rails has directed special attention to one of the essential features of the whole fitment—the turned polished wooden handle which hangs by a stout rope from the supporting bar in the centre, conveniently placed above the patient's chest. This modest accessory is, in fact, of unusual value and particular interest. It is of value to the patient, especially the elderly or bedridden, because by supporting himself from it in two-handed fashion he is readily able to shift his position in bed. Those who have experienced the acute discomfort of a small crease in the sheet or an inaccurately placed bed-pan remember the relief to be obtained by momentary support on such occasions. Our fathers, in this simple device, showed a wisdom and a measure of care for their charges which the present elaborate curtain fittings do not reveal. Many a bedridden patient at Guy's must now silently regret that the scheme for curtained bed spaces, while providing more comprehensive privacy, lacks that simple substantial aid to their comfort. Many a senior member of the staff—not to mention registrars—must now make do with a precarious hold on up-to-date slender rails which are not designed (as were the old ropes and handles) to support a man's weight. Minor disasters are the consequence. Bent rails and pock-marked ceilings will be the inevitable result. We have already suggested that one complete example of those old curtain fittings should be preserved in the Gordon Museum. But why remove them at all ? Why, indeed ? They do no harm even bereft of their curtains, and the rope and handle could still conveniently remain—to the great benefit of patients and staff alike. Fortunately in some wards old and new still co-exist. This, then, is a plea for the old fittings and, in particular, for that rope and handle. Let us retain those that remain and thus obtain the best of both worlds.

But there is a particular interest in those wooden handles too. Mr. R. C. Brock in his *Life and Work of Astley Cooper* reproduces a contemporary lithograph of a patient at Guy's upon whom that distinguished surgeon had performed a " singular example of a successfull operation of amputating at the hip joint." The picture shows William Jones sitting up in bed. As a background there is a faint indication of curtains hanging behind him, though alas ! the actual curtain rod is not shown. But in front of his face is suspended from a rope, and large as life, one such wooden handle as we have described. It is identical with many that may still be seen to this day in several wards at Guy's. Our William supports himself upon this handle. No doubt it was a constant source of comfort to him as to countless others in years since then. Sir Astley Cooper performed that amputation in 1824. The existence of the rope and wooden handle and of the bed curtains at that time provides strong presumptive evidence that the familiar semi-circular curtain rods were there too. We described these remarkable fittings as " Victorian relics " already " well-established in 1896." Clearly we did scant justice to their seniority. The probability is that they date from the reign of George III. Certainly so far as the wooden handles go they were in full use at least as long ago as 1824.

One hundred and thirty years of good service represents a fair testimonial to their value. They should stay.

We offer our heartiest congratulations to Surgeon Rear-Admiral Robert C. May, R.N., who has been appointed an Honorary Surgeon to Her Majesty The Queen.

The Annual Dental Clinical Meeting coincides with to-day's issue of the *Gazette*. This popular function is greatly appreciated by a large number of Guy's men, dental and medical. We hope to publish some account of the meeting and of the annual dinner in a future issue. Is it too much to hope that one day the Medical School might organize something on similar lines?

We note with satisfaction that Dr. Keith Simpson recently delivered a lecture on *Science in Crime Detection* before a crowded audience at the Royal Institution. On display at that occasion were the axe used in the Towpath Murders, the remains of Haigh's victims and other clues from many post-war crimes. Dr. Keith Simpson had brought them along in his car.

The Senior Registrar exchange scheme seems to be one of the happiest progeny which has sprung from the union of the Regional Hospital Board and the Teaching Hospital. By means of this scheme, specialist training is continued for an extra year and outlying hospitals receive great help from well-qualified senior registrars. The registrars themselves gain invaluable experience and probably can well employ their resources of skill and initiative. The scheme can further serve everybody's interest by narrowing the gulf between teaching and other hospitals with benefit to staff and patients.

At present, there is a small but increasing place for the student in this scheme. One of the duties of registrars is to teach students and there is a greater opportunity for this now that the vast teaching wealth of patients in outlying hospitals is perhaps to be tapped. To see the hospitals where they may soon work and seeing large numbers of patients in surroundings other than those of their parent hospital provides valuable experience for small groups of senior students. This idea has been taken up here and at other places in the region and we hope that the teaching resources of a hospital such as Guy's will continue to include other hospitals in its territory.

That astonishing phenomenon the Residents' Play swept through our lives last week with its usual successful *élan*. As we go to press the echo of applause is in our ears and wonder in our hearts at the way in which productions of this kind can be staged by those who have so little time to spare. In our next issue we shall publish a full illustrated appreciation of *Dead Space*. Meanwhile we go back to work marvelling not only at the industry of authors, composers and players but at the equinimity of those members of the senior staff who are, each year, so thinly disguised. Upon such a stage Unreality cocks a snook at the Real.

All of us who read Medical Journals come across, from time to time, articles which we would like to keep. Naturally enough, we would expect this when there is such a host of these journals let loose weekly, monthly or quarterly or whatever their habit be. Some of our British (and even more so American) contemporaries are spoiled by the mass of advertisements fore and aft which make for undue corpulence of the journal and consequent chronic insufficiency of the bookcase. Could the principle of printing advertisements on " tear out " sheets be adopted ? It would make more work for the printer (who is paid for it) and would certainly satisfy readers who would feel that they were getting even better value for their subscriptions.

One of the most irritating phrases in common use today is " prolapsed disc." " Prolapsed " means " slipped forwards." Now a moment's consideration of the anatomy of the vertebral column in relation to this distressing condition makes it clear that when we speak of a " prolapsed " disc we mean a *backward* displacement of intervertebral substance into the central canal. This is, of course, precisely the opposite of what the current description of the condition implies. " Disc protrusion," another popular phrase, is nearly as misleading (the *Concise Oxford Dictionary* gives a first meaning for protrude : " to thrust forth ") while " slipped disc " so commonly condemned by experts, is in fact the least inaccurate of all.

What is wrong with the prefix *retro- ?* We have long been satisfied as to the meaning of " retrocæcal appendix," " retrograde pyelogram " or " retroverted uterus." Our meek acceptance of the topsy-turvy mumbo-jumbo of " prolapsed discs " may now be expected to throw some doubt upon the anatomy of those other well recognized terms too. " Retropulsed discs," a phrase commonly used in some orthopædic circles, may sound almost as uncomfortable as the condition they engender, but we should at least know where we (and the discs) were.

The smell by the Front Gate has been tracked down at last. The sanitary sleuths and their entourage of pick and shovel wielders have achieved success. After deep burrowing into the Borough soil they have discovered a leaking gas main. While we are pleased with the Editorial rhinencephalon for locating the smell, we must apologize to the borough council for wrongly maligning their drains.

Mr. Hagger's Presidential address to the Dental Society, reprinted in this issue deserves study by all who deal with patients. His advice applies equally to doctors, dentists, nurses and medical auxilliaries of all kinds.

GUY'S DIARY

MARCH		Exhibition. Department of Surgery. *Peptic Ulceration.*
9th T	1.00.	Mr. H. J. B. Atkins. Clinical Lecture. *Some Instruments You Should Know.*
10th W	4.45.	Science Club. Dr. M. G. Thorne. *Adreno-Cortical Hyperfunction (Cushing's Syndrome) and its Treatment.* Chairman: Dr. P. M. F. Bishop.
11th Th	1.00	Mr. Grant Massie, Clinical Lecture. *A Case for Diagnosis.*
	5.00.	Mr. Murray Falconer. Neurosurgical Case Demonstration. Clinical Theatre.
	5.00.	X-ray Meeting. Gordon Museum.
12th F	1.00.	Dr. W. N. Mann. Clinical Lecture. *Pneumonia.*
	2.15.	Combined Round. Pre-clinical Classroom.
13th S	10.00.	Dr. A. B. Wayte. Surgical Departmental Round. Clinical Theatre.
		Rugby. 1st XV *v.* Old Whitgiftians (H.O.P.).
		England *v.* Scotland (Murrayfield).
15th M	1.00.	Dr. W. S. McConnell. Clinical Lecture. *Simplicity in Anæsthetics.*
16th T	1.00.	Dr. J. D. Dow. Clinical Lecture. *Peripheral Vascular Radiology.*
18th Th	1.00.	Mr. N. L. Eckhoff. Clinical Lecture. *Pancreatitis.*
	5.00.	X-ray Meeting. Gordon Museum.
	8.00.	Physiotherapy and Radiotherapy Association Dance. Bush House.
19th F	1.00.	Dr. J. C. Houston. Clinical Lecture. *The Natural History of Poliomyelitis.*
	2.15.	Combined Round. Pre-clinical Classroom.
20th S		Rugby. 1st XV *v.* Gloucester (H.O.P.).

THE THIRTY CLUB

The twenty-fifth dinner of the Thirty Club will be held on Friday, 21st May. Mr. C. H. Laver will be Chairman. Members will receive details later but are asked to make a note of the date.

Thirty Years Ago

From Guy's Hospital Gazette, 2nd *February*, 1924

. . . . It may not be known generally that quite a number of the surgeons and physicians in Costa Rica are old Guy's men, but many readers of the *Gazette* will be glad to know that in addition to Dr. Carlos Duran and Dr. J. M. Barrionuevo the following gentlemen also have successful practices in that country—F. A. Segreda, R. Jimenez, I. Valerio, R. J. Quesada and J. Victory.

THE APPROACH TO THE PATIENT

The Presidential Address to the Guy's Hospital Dental Society on 8th October, 1953.

By C. I. HAGGER, L.D.S.R.C.S.

LADIES AND GENTLEMEN,—I deeply appreciate the honour you have done me in electing me your President for the coming year. I trust that I shall be able to discharge worthily the duties involved in this office. I take courage in the knowledge that I have at my elbow such capable and helpful officers. I feel particularly responsible, following as I do your successful season under the wise guidance of Professor Herbert, your retiring President.

The Dental Society occupies a unique position at Guy's as, being administered and activated by the present students, it also provides the link with all past Guy's dental graduates, now practising in this and other countries. Those who can, come each year at your rallying call to the Annual Clinical Meeting, and others who cannot always come, follow closely your activities and functions, and find inspiration in knowing that the Society which engendered their professional enthusiasms in the past still flourishes.

I have had some difficulty in deciding on a topic for this address. I felt that technical and clinical subjects will be adequately dealt with during the year and that perhaps the other side of our work, namely the "approach to the patient" would be of interest to you. You have, no doubt, already realised that our profession is not only a matter of learning a variety of specialized techniques, together with the attaining of manual dexterity to accomplish them ; nor is it wholly a question of amassing a large amount of clinical and scientific knowledge, so that a balanced diagnosis can be made. Both of these accomplishments are basically necessary, but the practice of the art of Dentistry requires as well the lubrication given by a sympathetic and understanding approach to the patient. You require the capacity to give your patients confidence (and often courage) and to help them over their anxieties as they approach the dental chair. Some knowledge of the attitude and the psychological reactions of patients is needed and the means and devices by which these can be neutralised, but your real understanding will come from observation. In these early years of your career let there be a part of your mind that is always observing and recording the reactions and mannerisms of people, and the results in handling them in practice will come without any great effort on your part. May I emphasise that your academic knowledge is not enough, your skill is not enough, unless you learn to impart to your patients an awareness that these qualities are at their service and thereby give them the appropriate confidence and appreciation.

I propose to describe the question of the approach to the patient from the point of view of its application in private practice, but, of course, most of the remarks will apply to Dentistry in other spheres equally well. In order to explain better I am going to consider—as you should in thinking of this subject—the opposite angle, namely the patients' impressions on approaching the dental surgeon. The majority of patients arrive for a Dental appointment in a state of fear. This, as you know, stimulates their adrenalin secretions, with all its allied psychological symptoms, and prepares them for ' fight or flight.' So it is that patients approach you—for the first time only I hope—with either excessive aggressiveness or excessive timidity. Now let me say immediately that the very worst thing you can do is to allow yourself to be affected by your patients' manner. Nor must you appear to notice the variety of ways in which these symptoms are revealed. For example, one person will come into the surgery looking at you with an expression that is a mixture of hate and terror, as though you were the very devil incarnate—probably grunting a few remarks that are positively rude. Ignore all this and quietly take the situation in hand yourself, telling him what is required and if possible giving such a person some little help in what is most urgent without fuss or preliminary procedures. You will find then that such aggressiveness turns quickly to real appreciation and co-operation. The person preparing for flight will often appear as an extremely affable type, doing his best to ' talk you down ' in the most charming manner—explaining in detail his history, and if you let him, all his relations' histories as well. Any loose remark you make will be turned into another ' red herring.' The pace of the chatter quickens, and the diverting questions get mor subtle, as you lift the mouth mirror to his mouth. All the time such people are subconsciously feeling the minutes of the appointment ticking away, hoping that they will be able to escape without your having done anything—or—they are hoping to persuade you against your better judgment, that their septic tooth can be left a little longer. It is wise to allow them just a few minutes talking before taking control firmly albeit sympathetically. It is not easy to get round their defences and explanations as you work are necessary.

There are other ways in which different types of patients will react to fear and anxiety—too many and varied to be described in this address, but by observation you will soon be able to differentiate between them. Added to these there will be the cranks, the neurotics, and even the psychopaths that you will have to deal with. The neurotic type of patient needs mention as they form a considerable proportion of some practices. They are people with emotional instability and a sense of insecurity. It is often that the mouth and dentition have an exaggerated position of importance in this type of patient's total idea of him or herself. In such cases it is important to explain that treatment will improve, or enhance the *"patient himself"—not to tell him or her that "they'd better get that tooth out* or else !" Such patients are also very apt to feel rejected and take offence for such little things as being left unattended in the chair, or by any appearance of hurry. This rejection feeling gives place to tension and hostility unless patient and adequate explanation is given. Be careful to avoid getting anxious, tense or hostile yourself with such people, otherwise an impossible situation for work is created.

I want to mention briefly the importance of the visual impressions that impinge on the patient when they approach the dental premises. Waiting rooms should be clean and orderly, as well as comfortable. Preferably not too large, and suitably heated in cold weather. There is no doubt that suitable interior decorating and lighting can have a soothing effect, and help to make your patient less tense. Diversions, such as "reasonably current" magazines, tropical fish or toys for children are a help to some people. If, however, you open the waiting room door and find your patient sitting on the very edge of the hardest chair (usually the one nearest to the door)—his fingers drumming the table and a drawn anxious look on his face, you will know that all your efforts have been unavailing. So you must rely on your main armament—the PERSONAL FACTOR. A patient's *impressions of you and your surgery on the first visit* are very *important*, and will have a lasting effect on future relationships between you.

1. Promptness is a first requirement in practice. Not only does it infer efficiency but it is a practical way of setting an example to your patients to be likewise careful not to keep you waiting. Only so can work be planned and efficiently carried through.

2. Next it is important to give an impression of neatness and cleanliness both in your person and in the surgery.

Remember you are under almost microscopic observation as you lean over the tilted patient to fill, say, a distal cavity in the upper second molar. Apart from wondering what you are going to do next the patient has nothing to do other than observe how well you shaved that morning or how clean your collar happens to be.

3. Pay attention to the welfare of your patients as they come to your surgery. They are in a state of agitation and are apt to do things awkwardly.

After greeting them tell them what to do, where to sit, or where to put something they are carrying. See they are comfortable in the chair, etc. All this helps you to take command of their attention.

Then when they are seated, sit down yourself opposite them on a dental stool, so that you are on their level. If you stand over them while you ask what it is they require to be done, you will seem, to their heightened imagination, like some sadistic monster waiting to pounce—which is an impression you want to avoid. There is much to be said for having the initial consultation with dentist and patient seated in an office. As patients begin to tell you what they want, or are frightened of, look at them steadily and observe all you can—and at the same time let them *have a good look at you. Your patients will study your expression, trying in their* anxiety to read therein your nature, your thoughts and intentions. Don't avoid this scrutiny, and in replying to questions, while reserving your counsel at first, be kindly and frank in answering the simple things. Make your patients feel that their particular problem is the most important thing in the world to you at that moment. In all this, there is no need to be self-conscious ; you will get their confidence if you have a real sympathy, and a real desire to help. This will be unconsciously recognised by most people. Anyway you don't deserve confidence unless you have these attributes.

4. Having heard the symptoms, made your examination and assessed the problem to be tackled, you should not be lacking in your enthusiasm for the benefits that your services can give. You yourselves should never doubt that good dentistry contributes as much to the health, efficiency, appearance, and general well being of individuals as any other vocation. At the same time be rather cautious in forecasting the results of your treatment.

5. Within limits, make friends with your patients, learn a little of their background and particular problems. You will find that to do so adds charm and interest to your everyday routine work, as well as often giving you the clue to some of your diagnostic problems. In doing this, do not be tempted to fall into your favourite account of how you played the eighteenth hole, or the size of the fish that got away. Patients are not interested in you, other than as a dentist. If your memory is not good a few personal notes on their chart helps at the next six monthly visit.

6. It is hardly necessary for me to emphasise that derogatory remarks about other dental surgeons or their work should always be avoided. Try not to be involved in local gossip either. It is time-wasting, unprofitable and unbecoming.

7. The majority of intelligent people will be able to sense the efficiency, thoroughness and care with which the work you do is carried out, and their impressions of you will be formed accordingly. Initial explanations of what work is required and how you propose to arrange it will avoid misunderstandings, but your solid reliance must be put in the confidence you will acquire by learning well and thoroughly the techniques and procedures that are taught here during this early period of your career.

8. You must learn to be able to form a balanced diagnosis and plan of treatment, which allows sometimes for the variation between what is ideal and what is practicable. Do not forget when planning your "pièce de résistance"—perhaps a four-front bridge on three-quarter crowns—that there is a complete organism attached to the teeth, and that that organism is a person whose circumstances and/or make-up may not justify such drastic treatment.

9. Some allowance in your treatment plan can be made for the patient's own wishes, within narrow limits. Such limits are confined to cases where for example the decision between conservation and extraction is a finely balanced one, there being advantages on both sides. It calls for a little tactful questioning to decide on your patient's precise attitude, and whether he will co-operate one way or the other, before you pronounce judgment. For example, it will be useless to attempt extensive paradontal treatment that requires the maximum co-operation from the patient, in people who would—as they say—"rather have them out and be finished with it." However, one can explain to the more intelligent type of patient the advantage or disadvantage of a certain plan of treatment without being ponderous or technical. It is not advisable to depart from your considered diagnosis and treatment, after having carefully weighed all the factors, and completed your examination.

10. Much has been written on Child Management and Children's Dentistry. I cannot do more than suggest a few ideas on this important branch of our work in the time available. Once again sympathetic observation and practice will best enable you to acquire the knack of handling children and of persuading them to submit to your treatment. Primarily it is necessary to make children feel "at home" in the strange surroundings of a dental waiting room and surgery. A few handy toys will help but more important is the friendly and frank manner of greeting of both receptionist and dental surgeon. You should be ready to spend a little time in explanation of the surrounding apparatus and in telling them what it is you are proposing to do. Do not rush them into the dental intentions of their visit—make this appear of secondary consequence. Talk to children rather as if they were responsible adults—providing you substitute phrases and words that they can understand they will react logically to your explanations—more so than adults.

With children under seven, giving names to the particular apparatus one uses most is a useful idea sometimes. Call the dental engine "Tommy Tickle" or "Busy

Bee," for example. With older children take care not to adopt a patronising attitude ; they resent it. Be careful not to cause real pain, especially at the initial visit, but when some discomfort is inevitable warn the child beforehand and explain why.

Your problems will often stem from the nervous and foolish parent rather than the child, and I would advise you whenever possible to exclude the parent from the surgery. Always so, if a general anæsthetic is to be given. A few children will deliberately play up and not allow you to do anything, not so much because they are frightened, but because they are out to get their own way. Tactful firmness is your only way in such cases, but be careful to distinguish between these and others who, because of foolish remarks by adults or unfortunate past experiences are in a state of real panic. In the latter case introductory visits and perhaps premedication are required. Always praise and compliment children when they have done well and encourage parents to do the same. Warn parents, out of the child's hearing, to take a positive attitude in talking about their visits to you. Not the negative one that says "The dentist's not as horrible as he looks, dear, he won't hurt you much !" Once you have overcome the initial obstacles and gained their confidence children are the most rewarding of patients and will respond to all your demands.

In conclusion, I may have stressed the obvious in this paper, but it is often the apparently trivial things that loom so large to the apprehensive patient. I have tried to enumerate some aspects of our work that are usually taken for granted, left unsaid, and often lost sight of in practice. You will find the practice of your chosen profession full of interest, with scope for all your talents—in fact, the dental surgeon has to be a jack of all trades and master of many. So it is that you will need the tact of a diplomat, the sagacity of a saint and the patience of the proverbial patriarch.

THE FAILING HEART

Observations by a general practitioner

By WILLIAM T. MILTON, M.D., M.S.

ONE of the commonest questions put to a doctor in his surgery is " Why am I becoming so short of breath ?" The questioner is usually a patient who is getting on in years, who does not take kindly to the realization that he or she can no longer do what came so easily in earlier years. Frequently the doctor quickly finds out what is wrong—some organic lesion of the heart or lungs perhaps. He has no difficulty in explaining to his patient the cause of his trouble, and the means that should be taken to alleviate his symptoms and prevent them, if possible, from getting progressively worse. On the other hand he will find some who apparently have healthy hearts and sound lungs, who nevertheless complain not only of breathlessness, but of inability to carry on with their usual activities, of attacks of faintness, giddiness, liability to "cold sweats," or of other distressing symptoms.

Frequently the patient goes away with the assurance that there is nothing really wrong with either his heart or his lungs, that he must be mindful of the fact that he is at, or near, or over, the allotted span ; that his heart muscle, by reason of age, has no longer the "punch" of younger years, that his lungs and chest walls are by no means so elastic and resilient as they were, and in short, that he must drastically alter his mode of life, and be content to go slow. He goes away sorrowing, armed probably with a prescription for digitalis tablets, and perhaps an Iron "tonic," to counteract a possible deficiency of iron in his circulating blood. This, of course, is excellent and orthodox treatment, and may be productive of good results, especially in the case of those patients who have retired from active life, lead a leisured existence, free from all undue stress and strain.

There are, however, a good many patients who do not exhibit any marked amelioration of their symptoms, for they still suffer from their shortness of breath, their fainting spells, which they sometimes describe as "heart attacks," their giddiness, and incapacity to carry on with their household duties. I say household duties advisedly, for in my experience, most of this type of patient are women, wives and mothers who, in an era of domestic-help shortage, never have the chance of retiring from active life. I have had many such cases under my care in recent years, and my object in writing this is to record the marked and sometimes spectacular improvement that, in some cases, follows the systematic intra-muscular injection of liver extract. The details of a few cases that follow are necessarily rough outlines, taken from my memory, for I took no copious notes of my patients and their ailments—a procedure which is easy enough in hospital, but almost impossible for the general practitioner who so often finds the day all too short for the work he has to do.

My first case was that of a lady of about 68 years of age. I had visited her once before for symptoms referable to some degree of heart weakness. I prescribed digitalis and iron, and I imagine she must have improved temporarily, for I ceased to visit her. On a second summons I found her much worse, in bed, dyspnœic, complaining of "wind round the heart," extreme weakness, and distressing "cold sweats," especially of head and neck. I got her into our Eltham and Mottingham Hospital as quickly as I could, and there she stayed for many weeks, with some improvement. I have a very vivid recollection of the difficulty I had in locating her radial pulse, and an almost equal difficulty in hearing the heart beats in her chest. Syncopal attacks were frequent, accompanied by cold sweats, and other signs of collapse. With complete rest and careful nursing however, she recovered sufficiently to be sent home, and I did my best for her there, with little effect until, one day, in desperation, I decided to give her a course of liver extract injections. Why I thought of this I do not know, for up to then I had imagined that the only use for these was for the cure of pernicious anæmia, and she did not, in my opinion, show the signs characteristic of that malady. Under this treatment she began to mend rapidly, and was soon able to get on her feet again. She never attained to a life of full activity, for her devoted husband took over all the heavier duties of household management, and spared her in every way possible. She lived for another six years and enjoyed them, but died recently of congestive heart failure. About a year before her death she underwent an operation for strangulated umbilical hernia. Throughout my long attendance I gave her maintenance injections of liver extract, and she never reverted to the almost pulseless condition that I noted while she was in hospital.

My second case was that of an elderly lady who complained that she could no longer carry on with her household duties by reason of frequent attacks of faintness, shortness of breath, and giddiness. She was very pallid, but I could not detect any signs of a heart or lung lesion. Complete rest in bed was instituted, and I gave her the usual medicinal treatment for a flagging heart. Week after week passed, and she showed no signs of any real improvement until I started to give her injections of liver extract. I gave her two in the first week, and then continued them at weekly intervals. After this her improvement was rapid, and soon I had her downstairs, and beginning cautiously to resume her household sway. She never looked back, and I continued to give her maintenance doses at fortnightly intervals until she left the district, when I wrote to her doctor asking him to continue the treatment, which he has done. I have heard lately that she is keeping well. It is now nearly seven years since she was so ill.

In my third case the clinical details were very similar. My patient was again an elderly lady of very spare build, indeed she weighed rather less than six stone. She had been having serious "heart attacks" (in her own words "pretty bad ones"), attacks in which she feared she was going to die. Here again I could find no obvious indications of any heart lesion. I kept her in bed, and instituted immediately a course of liver extract injections, for by this time I had become firmly convinced of their value in restoring vigour to a failing myocardium. In this case too, improvement was rapid and continuous, and it was not long before she was able to resume her former activities. I gave her maintenance doses for a long period, and then substituted " Cytamen " injections, which for a long time seemed to be equally effective, but eventually she began to have some more "turns," and I started the liver extract injections again, with happy results. Now she comes to me regularly at fortnightly intervals. She never misses. This is, I think, an eloquent testimony to the efficacy of the treatment.

In my fourth case the clinical details were quite different, in that my patient, again an elderly lady, came to me with fairly well marked œdema of ankles and legs, which was obviously of cardiac and not renal origin. She did not complain of having any serious heart attacks, in fact I think she only complained of her swollen legs. I sent her home to bed, and commenced immediately the liver extract treatment, together with digitalis and iron medication. Once more the results were of the happiest, for the œdema quickly subsided, and the patient looked as if she had slipped ten years from her shoulders. Now she comes to me at fortnightly intervals, and she too never forgets.

The fifth case was again an elderly lady under the care of a friend and colleague of mine to whom I had mentioned the success I had had with liver extract injections in cases of failing myocardium. She was a fully trained nurse who had worked for very many years in our local hospital and in the district, but had long retired. Now she was no longer able to leave her bed as her legs were extremely œdematous. My colleague told me subsequently that he had no hope whatever of getting her on her feet again until he tried the method I had advocated. He gave her six injections within a fortnight, and the results he obtained were startling, for the œdema quickly subsided and she was soon able to get up and about as much as her arthritis would permit. She has been round to see me several times since her illness, for she is a very old friend of mine, although I have never treated her professionally.

Apart from these purely heart cases I have sometimes used liver extract injections in cases of obscure illnesses in which there has been difficulty in discovering the causative agent. One case in point is that of a lady, also of fairly advanced years who sought help because she had suddenly become very "shaky" and could not carry on with her usual household duties. This was at a time when I was myself on the sick list, and my nephew went to see her. He could find no reason for her disability, but thought her tremors marked the onset of Parkinsonism. He called in a consulting physician, who agreed with this opinion. She was given " Artane " tablets to reduce her tremors. When I resumed work I went to see her and found her looking very ill, with marked coarse tremors of hands and forearms. I was completely at a loss as regards suggesting any other form of treatment, but nevertheless drew a bow at a venture, and started her on a course of liver extract injections. It proved to be a lucky guess, for she quickly began to improve, and in a few weeks time she could do all the housekeeping she wanted to do, and had completely lost her tremors. I subsequently switched her over to injections of " Cytamen," which she has had for a long time, and she remains in good health. I think she was a case of deficiency of Vitamin B 12, as this seems to be the most likely explanation.

These "heart" cases I have enumerated have made me wonder whether the cardiac weakness was brought about by a poorness in the circulating blood, for it seems reasonable to suppose that a myocardium insufficiently fed could hardly be expected to maintain full efficiency. This consideration made me wonder whether these cases could be early manifestations of a pernicious anæmia, and therefore amenable to the treatment which I found so successful. I am sorry that I cannot quote any pathological investigations, such as blood counts, for these patients were in distress, and urgently needed help, which negatived any delay in initiating treatment for their relief. As against this theory, there is, I believe, no marked tendency to cardiac weakness in cases of pernicious anæmia. In those cases of the latter disease that I have under my care there is no evidence of this, and the patients that I have described did not exhibit the "pernicious" syndrome.

All the patients mentioned above were elderly women, but I have had one case of a patient of the opposite sex, also elderly, who suffered from an intense anæmia, probably pernicious, which is worthy of mention, although he showed no signs of cardiac weakness. He was an old soldier whom I had known for over fifty years. I was called to see him in the winter of 1946, and was shocked to find him in what appeared to be a dying condition. He himself realized that he was sinking, for I was told afterwards that he had given his gold watch to one of his sons. When I saw his bloodless face against the white of his pillow I wondered whether it was any good trying to get him back. However, I gave him liver extract injections in fairly rapid sequence, and he began slowly to mend. The day came when he demanded his watch back, and not very long after he took me with pride to see the inside of his garden shed, where he had stacked the shelves with logs that he had sawn up. He also took over his son's allotment, and I hear that a few days ago he attended a family party, and that he was the "life and soul" of the party ! Not a bad performance for a man now aged 87, who was in a dying condition seven years ago ! The liver extract that I used in all my cases was " Anahæmin," in 2cc doses.

CORRESPONDENCE

Letters to the Editor of the Gazette

The No-Touch Technique

SIR,—One day, many years ago, when I was standing in an operating theatre wasting time in the way that medical students are habitually made to waste time in operating theatres, one leg of the table on which the sterilized instruments were placed slipped into the little gutter which ran round the theatre. The sudden lurch made by the table made me instinctively put out my hands. Though I don't think I even touched the towel the late Mr. Tom Bonar immediately tipped the whole lot of instruments on to the floor in front of me, and no doubt I had to pick them up. Though I am well aware of the old adage : "De mortuis nil nisi bonum," this piece of exhibitionism was, to me, typical of the man and, like the elephant, I have never forgotten (but not quite in the same way as G. W. Dryland).

Incidentally, it is perhaps an example of the grim irony of fate (or what you will) that Mr. Bonar, who used sometimes to sing softly, " Brief life is here our portion " when the patient was being prepared for operation, himself died at the age of 40 following a hæmatemesis.

Yours, etc.,

G. L. DAVIES.

Missenden Lodge, Withdean Avenue,
Dyke Road Avenue, Brighton, 5.

The Guy's Hospital Music Club

SIR,—It is interesting in these days when the Music Club is having difficulties due to lack of support, to look back along the history of that old-established association. It may even stimulate a new interest in it from present-day students.

The Club was revived after the 1914-18 war by C. E. Gallagher and Maurice E. Shaw. I received recently a letter from Dr. Gallagher in which he describes those early days. The students then were more adventurous than to-day—perhaps they had less work to do !—full-scale performances of Gilbert and Sullivan operas being performed at first in the cramped Physiology Theatre, then Southwark Cathedral Chapter House and even the West End.

Dr. Gallagher goes on to say, " It was an uphill fight to get authority to agree to nurses and students rehearsing together but we won in the end. It may not be without interest to mention that H. L. Eason (then Superintendent) played in the orchestra, R. C. Brock and Bobby Cann were among our active members and we even drew on the Works Department—one of the carpenters played first trumpet for us."

Enclosed with his letter was a souvenir of those days—a programme announcing that "Guy's Hospital Music Society, Patron: H. Cosmo O. Bonser Esq., President J. Fawcett Esq., M.D." would give a concert including *The Revenge* (Stanford) and *Trial by Jury* (Gilbert and Sullivan). On the frontispiece are to be found the signatures of the cast, including such familiar names as R. C. Brock, R. J. Cann, and H. L. Eason.

Surely the present-day students are not going to allow a society with such an illustrious past, providing relaxation for men later to achieve the highest distinction in their profession, to die because of lack of support ? I trust not.

Yours, etc.,

C. PETER BRIGGS.

Medical Students in " Digs "

SIR,—In its present state the teaching side of Guy's Hospital is little more than a day school—very well, then—Technical College for Medical Students, of whom about one third live at home, leaving six hundred to find their own accommodation in cold, dirty, noisy and very occasionally suitable " digs."

The only reasonable answer to this problem lies in the building of a place of residence near to Guy's in which these outcasts may be housed. Until this is done I can see no prospect of bringing these students into the community to which they belong.

Yours, etc.

P. R. S. JOHNSON.

REVIEWS

Toxæmias of Pregnancy. By JOHN SOPHIAN, M.D., F.R.C.S., M.R.C.O.G. Butterworths. *Price* 25*s*.

Mr. Sophian believes that a supposed increase in uterine tension during the later weeks of pregnancy is responsible for initiating a utero-renal reflex, which results in constriction of the intralobular arteries and renal cortical ischæmia. The consequent renal dysfunction expresses itself in the classical signs of toxæmia of pregnancy, and a great wealth of experimental fact and theory is provided to support this ingenious explanation.

It is difficult to accept the embryological evidence that nervous tissue enters into the constitution of the mass of cells, which lie in close relation to the juxta medullary nephrons, and this mass of cells is under the direct nervous control of the uterus. The Diodrast clearance test lends no support to the supposed circulatory ischæmia of the renal cortex in toxæmia. No very satisfactory explanation is given for the occasional onset of eclampsia several days after delivery or early in pregnancy in hydatiform mole before the uterus has become distended.

This thesis, which is based upon the valuable work of Trueta and his colleagues, provides a rational explanation of the signs of pre-eclamptic toxæmia and its complications, and even though the reader may not completely acknowledge the many conclusions that have been drawn, he will appreciate that this work constitutes an important contribution to a very elusive obstetrical problem. To all post-graduate students, who are interested in the ætiology of pre-eclamptic toxæmia, this book can be recommended. J.M.H.

Pathology of Tumours. By R. A. WILLIS, D.Sc., M.D., F.R.C.P. 2nd edition. Butterworth and Co. Ltd. 84*s*.

The second edition of Professor Willis's monumental work is welcomed by all to whom pathology, and in particular the pathology of Tumours, means something. There is information here which the novice can appreciate particularly in Part I, while the whole book, illustrated with informative photomicrographs, is bound to maintain its place as a work of reference on the shelves of those whose experience is extensive.

This book is refreshingly personal. Professor Willis does not mince his words. To take one example from many : After discussing " mixed " tumours of the salivary glands he says (p.322) " I must say also that, granted some justification for the conflicting views of the earlier explorers of this field, I find myself unable to comprehend how any modern histopathologist, after studying the structure of these growths with reasonable care, could possibly come to any other conclusion . . . " This categorical style is like the proverbial new broom. In consequence, there is none of that uncomfortable feeling of incredulity in reading Professor Willis's words which sometimes accompanies a perusal of other, and perhaps more ponderous, volumes. E.E.D.T.

A Surgeon's Life. By FERDINAND SAUERBRUCH. 1953. London. Andre Dentsch Ltd. *Price* 15*s*.

This opinionated autobiography has been excellently translated from the original German. It paints a vivid word picture of a brilliant man, who was one of the finest continental surgeons of the first half of the century. His memories of famous surgeons, among them von Mikulicz and Krönlein make fascinating reading as do the accounts of his journeys in his country's interest during the first world war and his later experiences with Hindenburg and Hitler. The early developments in Thoracic Surgery are interesting, though he might well have given more credit to his successors in this field.

As a man however, Sauerbruch emerges as a tyrant—sometimes benevolent and more often the reverse. On this account, one cannot wonder that his family and associates found him to be a very trying personality.

This book, intended for the lay public, happily has none of the technical errors that mar so many volumes of this type for the more critical medical reader. P.S.B.

Anatomy, Physiology and Hygiene. A textbook for Nurses. By A. MILLICENT ASHDOWN and E. BLEAZBY. 5th Edition, 1953. J. M. Dent Ltd. *Price* 10*s*. 6*d*.

This is the fifth edition of a textbook for nurses which was first published in 1935. This edition includes a revised section on blood transfusion and the rhesus factor. As always in a book of this kind, extra material included in one section means that others must of necessity be briefer. It is, perhaps, unfortunate that a disproportionate amount of space be devoted to vitamins when the sections on tuberculosis and disinfestation have not been brought up to date. There is, for example, no mention of B.C.G. or mass radiography in the one, or of D.D.T. in the other. Also, very little stress is laid on communal health which is now included among the requirements of the new syllabus of the General Nursing Council.

The anatomy and physiology sections form the main part of the book and are clear and well set out. The special appendix dealing with blood grouping is excellent. The book is profusely illustrated, the colour plates being clearer than the drawings in the text, some of which are dark and difficult to follow. Nurses who prefer to use only one textbook will find this one useful in their studies.

B. W.

Ear, Nose and Throat Diseases for Medical Students. By William McKenzie, F.R.C.S. E. & S. Livingstone Ltd., Edinburgh. *Price* 21*s*.

This is a well-produced little book which covers diseases of the upper respiratory tract, oesophagus and bronchi. Its aim, as the author states, is not to be comprehensive but to stimulate the interest of the student who is already pre-occupied by other final examination subjects. With this in mind, each chapter is opened by a summary of what is to follow. Many short case histories are given to illustrate the practical aspects of otolaryngology ; these serve to impress the message of the text, and moreover show how mistakes may be made (and avoided). The illustrations are helpful, particularly those on methods of examination. An appendix gives a list of E.N.T. questions set in qualifying professional examinations.

The operations of tonsillectomy, tracheotomy and antral lavage are described in some detail. Oesophagoscopy receives more attention than it deserves, whilst the important subject of cancer could well be expanded. Early diagnosis is fundamental, and this can only be achieved by stressing those symptons which should arouse the suspicions of the practitioner.

On the whole, the aim of the book has been achieved. Typographical errors were few, but on p. 20 the tonsillar recess is inaccurately ascribed to the first visceral cleft ; it is, of course, derived from the ventral part of the second. K.M.

Furneaux's Human Physiology. Nurses' Edition. By WILLIAM A. M. SMART. New Edition, 1953. Longmans. *Price* 10/6.

This new edition of a popular textbook has been completely revised and rewritten ; the present edition also includes a special chapter on the reproductive system. Several of the chapters contain more detail than the nurse requires at the commencement of her training but the headings are so clear that it is possible to select the appropriate sections for study. In addition there are summaries at the end of each chapter which the nurse will find helpful Another useful feature is that the derivations of new terms are included in the text.

The whole book is well produced on good paper and printed in clear type. Many new illustrations have been added and are a great improvement on some of the older ones. It is a pity that the labelling of the diagrams is not consistent throughout the book, but it does serve to show that those which are labelled by figures or numbers at the foot of the plate are not so easy to follow as the others.

The book can be strongly recommended to student nurses and their tutors.

B.W.

Public Health for the Nursing Student. By P. J. CUNNINGHAM and H. S. COUSENS. Published by Faber and Faber Ltd. *Price* 6/–.

This little book is a good " short cut " to Preventive Medicine. The student Health Visitor will gain an overall picture of her forthcoming field of work.

But for the student nurse, for whom the book has been written, there appears a complete lack of anything vivid or attractive. She is not likely to appreciate " A day in the life of a Health Visitor " unless some of the spectacular or humorous incidents are portrayed. Both of these ingredients are amply supplied in my experience of the District.

The conversation in the " Specimen Interviews," is amazingly childish when compared with the Cockney interviews, or those of any large town. Doubtless true to type in the country. Despite these criticisms, this book is informative, easy to read, and right up to date. L.C.

SPORT

RUGBY FOOTBALL

Guy's *v.* Aberavon

At Honor Oak Park

Saturday, 20th February

Result—Draw 8—8

This entertaining game resulted in a draw, and Guy's were a little unlucky not to win, for they pressed strongly in the last quarter of an hour and seemed to last the pace better than their opponents. Aberavon scored first in the corner following a line-out near the Guy's line, the try being well converted. Lewis then scored for Guy's under the posts when the intercepted the Aberavon scrum-half's pass, Howells converting. Howells then kicked a good penalty goal.

In the second half Aberavon drew level from a converted penalty goal, and although Guy's attacked strongly towards the close, the Aberavon defence held out. Sometimes rather fortuitously.

Team : W. Howells, G. D. Thomas, W. Hackett, E. D. Keen, E. O. James, M. Lindsey, W. Armour, J. S. Vandenberg, D. K. Fairweather, J. W. Kirkbride, C. W. Pook, H. C. Meredith, J. V. V. Lewis, S. Cooke, N. W. Glendinning.

HOSPITALS CUP, 1ST ROUND

Guy's *v.* St. Bartholomew's Hospital

At Richmond

Tuesday, 9th February

Result—Won 6—3

Guy's came near to defeat in a game which they should have won comfortably, and must have been glad when the final whistle proclaimed them winners. In their next round encounter with St. Mary's, they will need to show vastly improved form if further progress towards regaining the Hospitals Cup is to be maintained. For once, the Guy's forwards played well below form, and the game was won only because of Guy's superiority behind the scrum, the backs taking the few chances they were offered with determined runs.

Bart's rose to the occasion well. Weak behind the scrum, they relied mainly on harrying forward rushes and resolute spoiling tactics. Had they possessed a good place kicker they would probably have won, as two relatively easy kicks at goal were missed.

During the first half the Guy's backs looked more menacing than their opponents when in possession, and the only score occurred when Hackett broke through in the centre, and passed to Harley for the latter to send Thomas over in the left-hand corner. The conversion failed.

Early in the second half, Hawley accelerated following a bout of inter-passing and shot over the Bart's line for an uncoverted try. This try was followed by vigorous counter-attacking by Bart's Their forwards increased their lively efforts, outshoving the Guy's pack in the tight, and often breaking clear from the lines-out. Soon, Cohen, a good scrum-half, passed the ball to his fly-half, who brushed aside several tackles, going over near the posts. Guy's were now hard pressed, the forwards trying hard, but lacking cohesion, and they were forced to defend against a lighter and livelier pack.

It was not until just before the final whistle that Guy's again broke away. James, an enterprising wing three-quarter, took a pass from Meredith, and was brought down within a yard of the corner flag.

Team : As against Aberavon except, D. Hobbs for J. W. Kirkbride ; R. T. Hawley for E. D. Keen ; W. S. Lund for N. W. Glendinning.

HOSPITALS CUP, 2ND ROUND

Guy's *v.* St. Mary's

At Richmond

Thursday, 25th February

Result—Draw 0—0

A strong and vociferous contingent of Guy's supporters saw the hospital draw with St. Mary's at Richmond in the 2nd round of the Hospital's Cup. Despite the lack of a definite decision the game was full of interest, skilfully and cleanly fought, and the result was a fair reflection of the play. Forgetting their disappointing display against Bart's, Guy's from the outset played with eager determination setting about their task with the dash and purpose that such a vital match warranted.

Weather conditions were ideal at the start, and soon Guy's attacked. Hawley broke through, and running strongly, passed to James who was repulsed some 10 yards from the St. Mary's line. Subsequently play returned to midfield, each side attacking in turn, but neither being able to gain ascendency. Guy's packed well in the tight scrummages and got a good share of the ball from Fairweather's hooking. The backs, however, were too closely marked to break through effectively. In the lines-out, Meredith and Cooke were always prominent often catching clearly and getting the ball to Armour, a hard-working scrum-half.

St. Mary's, without quite the same power and dash forward, relied on three-quarter movements initiated by Campbell's accurate and rapid service. Their backs ran quickly in orthodox fashion but were marked and tackled ruthlessly by Hackett, Hawley, Lund and Lewis. Cannel was given little scope and his danger remained a potential one, though he was prominent on occasion by his probing tactical kicks which tested the Guy's defence. Howells kicked coolly and positioned himself well under pressure.

The pattern of play in the second half was very similar to the first, and it became probable that only a penalty goal could decide the issue. Guy's worked hard in the loose, Pook and Kirkbride excelling in relieving dribbles and efficient spoiling. When the ball came to the wing three-quarters, Thomas and James showed speed and thrust but were never able to break clean away. Sometimes a forward rush by Guy's would look menacing, and on one occasion the forwards burst through almost to the St. Mary's line, only to be repelled by desperate defensive measures.

The St. Mary's backs tried hard to find defensive gaps, but their wingers, though fast, received the ball hurriedly and late and were repeatedly hurled into touch.

Four difficult penalties were missed, two by either side. It would have probably been unjust for this splendid game to have been decided by their success.

Team : As against Aberavon except, R. T. Hawley for E. D. Keen ; W. S. Lund for N. W. Glendinning.

ASSOCIATION FOOTBALL

Saturday, 13th February
Guy's *v.* Old Owens (away)
Result—Won 6-3

On a very soft sloping pitch, Guy's soon showed their superiority over fast and enthusiastic opposition. Guy's took the lead when Crabtree put Watmore through. After several anxious moments in the Guy's goalmouth, Watmore scored again from a breakaway. Just before half-time Owens scored when a clearance by Rowlands hit an Owens forward and rebounded into an unguarded goal.

With the aid of the slope after half-time Guy's went further ahead when Watmore completed a fine hat-trick. Owens replied with a doubtful goal but Major scored Guy's fourth when he followed up his own first-time shot which the Owens goalkeeper could only parry. Owens fought back and scored after several attempts including a penalty which Rowlands saved. Then Beavis headed a fine goal from a well placed Cornhill corner-kick, and before the end Watmore scored a sixth goal for Guy's. Lippington played an outstanding game in the Guy's defence, and was several times responsible for rallying them under close pressure.

Team : Rowlands, Dearlove, Sutton, Crabtree, Lippington, Beavis, Major, Cornhill, Watmore (capt.), Sutton, Owen.

Guy's *v.* Gordon Hospital

Saturday, 20th February
At Honor Oak Park
Result—Won 6-2

On another soft pitch Guy's were again easy winners. Watmore scored an early goal when put through by Sutton. After some pressure by Guy's the visitors' right wing broke away and scored with a hard cross shot. Major (2) and Cornhill then scored for Guy's before the Gordon replied on half-time to make the score 4-2.

In the second half Guy's attacked persistently and following good work by Cornhill several times went very near to scoring. Guy's fifth goal came when Oldfield collecting the ball on the half-way mark brought the ball forward and gave Watmore the chance to score. Following this goal, Gordon had a spell of attacking but the Guy's defence held out, with Creed and Rowlands being prominent. Then Watmore scored Guy's sixth goal, and his own third, when he followed up his own shot which had rebounded from the goalkeeper's legs.

Team : Rowlands, Horsfield, Fawkner, Dearlove, Creed, Beavis, Major, Cornhill Watmore (capt.), Sutton, Oldfiled.

HOCKEY

2nd Round of the Inter-Hospitals' Cup (Senior)
Guy's *v.* St. Mary's
Result : Won 2—1

St. Mary's entertained Guy's in the second round of the Cup at Teddington. Although both hospitals were fielding their full Cup XI's the standard of hockey was low and a somewhat uninteresting game resulted.

The first half saw Guy's doing most of the attacking and St. Mary's making an occasional raid but at half-time there was no score.

Soon after the second half had begun, St. Mary's scored and this set back stung the Guy's XI into action. Millar equalised from a penalty corner and soon afterwards Willis scored what was to be the winning goal.

Only Paul and Laney played with anything like their usual ability and persistence and it is to be hoped that the team will play with more skill and perseverance when they meet King's College Hospital in the semi-final on 3rd March.

Scorers: Millar 1, Willis 1.

Team: W. A. Cahill, B. R. Laney, H. M. Tuddenham, M. Mackenzie, D. Linahan, R. W. Elsdon-Dew, N. Cooke, R. R. Paul, M. F. H. Willis, J. I. Millar, R. R. Paul.

Other Results

1st XI *v.* Woolwich Polytechnic Lost 0—4

***v.* Sevenoaks** Won 2—1

"A" XI *v.* St. John's College, Cambridge Lost 1—3

Hospital Cup (Junior)

Guy's 2nd XI 4 St. Thomes's 2nd XI 3

Guy's 2nd XI meet St. Mary's 2nd XI in the final

LADIES' HOCKEY

Guys *v.* School of Pharmacy

Wednesday, 17th February
At Honor Oak Park

Result—Won 3-1

Unfortunately Guy's could find only 10 players to meet the School of Pharmacy. In the first half Guys camped on the Pharmacy 25 but no score resulted, partly due to the sound defence and partly to the ineffectiveness of the Guy's forwards. The Pharmacy forwards made one or two good breaks but at half-time there was no score.

Early in the second half Platt scored for Guy's from a cross pass from Maynard. Allin then put Guy's well ahead with two goals. The Pharmacy centre-half scored, 1 minute from time, a well deserved goal. Hutchinson excelled in the Guy's defence.

Goals : Allin 2, Platt 1.

Team : Hanegraaff, Gallagher, Hutchinson, Joslin, Daggar, Platt, Maynard, Gairchild Allin, Squire.

Guy's *v.* Bart's.

Wednesday, 24th February
At Honor Oak Park

Result—Won 8-2

Guy's *v.* Wimbledon Ladies 3rd XI

Saturday, 27th February

Result—Won 6-1

LAWN TENNIS

With Summer approaching, practice for the tennis season has started. As the season is crammed with matches, we would be very glad if anyone wishing to play would let us know now, and arrangements can be made for practices on Wednesday afternoons or Saturday mornings —weather permitting. This would help us to arrange the teams at an early stage and serve as a better form of trial.

Guy's have held the Inter-Hospital Tennis Cup for three consecutive years and only lost 5—4 to the holders (University College) last year in the University of London Cup. This year Guy's have been drawn against U.C. in the first round of the competition, to be played at Shenley on 2nd May.

We should like to welcome the return of G. B. C. Jones from Cambridge and A. Black, a brother of D. M. Black, the Rhodesian and Wimbledon player. They should help to make the Hospital team a very strong one this season.

SQUASH RACKETS

Guy's beat St. Thomas's 3-2 in the semi-final of the Hospitals Cup, and now meet St. Mary's in the final. It was an extremely close match, with the result not certain until the end. M. Lyon, in devastating form, set too fast a pace for T. Swales the former Cambridge blue. D. Palmer and M. Chigwell both won their games to give Guy's the victory.

Guy's are also in the final of the London University Shield, due to play London Hospital next week. In the Cumberland Cup we were runners-up to Paddington S.R.C.

MOTORING CLUB

The next event to be held on Sunday, March 21st, will be a Spring Rally.

The start will be at the "Mylett Arms Hotel," Western Avenue, Perivale (map ref. 164829). The finish will be at the "Five Bells Restaurant," South Mimms (map ref : 227005) where tea will be available at 2/6 per person. Competitors will require 1" O.S. map no. 160 and will be required to sign on at the start at 12.45 p.m.

Entries will be limited to 30 vehicles and the entry fee of 5/- must be received by Wednesday, 17th March.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

March 1st, 1954

Assistant House Surgeons

To :

Mr. Blackburn	Mr. R. Watts.	3 *months*
Mr. Lawrie	Mr. M. R. Alderson	
Mr. Glover	Mr. E. Moran	
Mr. Brain	Mr. R. W. Edmonds	

Appointed for 6 *months, the first* 3 *months as A.H.S.*

Assistant House Physicians

To : Dr. Douthwaite Dr. Hardwick and Dr. Bishop	Mr. J. Bullen	3 *months*
To : Dr. Boland Dr. Baker and Dr. Houston	Mr. E. R. Gibbons	
To : Dr. Hampson Dr. Kauntze and Dr. Grant	Mr. D. E. Tunnadine	
To : Dr. Mann Dr. MacLean and Dr. Campbell	Mr. P. J. Frost	

Appointed for 6 *months, the first* 3 *months as A.H.P.*

Out Patient Officers

Mr. R. W. P. Yates
Mr. D. Harris
Mr. A. P. O. Stewart
Mr. C. Bishop
Mr. N. C. Brooks

House Surgeons

To :

Mr. Massie	Mr. J. Scorey	6 *months*
Mr. Eckhoff	Mr. R. Y. Calne	3 *months*
Mr. Atkins	Mr. D. B. Longmore	6 *months*
Mr. Wass	Mr. A. H. Vaughan	3 *months*

House Physicians

To : Dr. Douthwaite Dr. Hardwick and Dr. Bishop	Mr P. K. M. Barrett	6 *months*
To : Dr. Boland Dr. Baker and Dr. Houston	Mr. R. G. Orr	6 *months*
To : Dr. Hampson, Dr. Kauntze, and Dr. Grant	Mr. R. H. Farrell	3 *months*
To : Dr. Mann Dr. MacLean, and Dr. Campbell	Mr. I. C. Fuller	3 *months*

Resident Obstetricians

1.11.53—30.4.54 :	Mr. B. A. Tudgay
1. 1.54—30.6.54 :	Mr. G. Evans
1. 3.54—31.8.54 :	Miss M. Purser
1. 5.54—31.10.54 :	Mr. A. S. F. Butcher

Ophthalmic House Surgeon
(Non-Resident)
Mr. S. Ahmad 6 *months*

Throat and Ear House Surgeons
Mr. W. P. N. Moore 3 *months at Orpington*
Mr. C. J. Pattinson 6 *months*
3 *months at Guy's*, 3 *months at Orpington*

Dermatological House Physician
(Non-Resident)
Mr. V. Wilson 3 *months*

Neurological House Physician
Mr. K. J. Zilkha 6 *months*

Genito-Urinary House Surgeon
Mr. I. Macmillan 3 *months*

Children's House Physicians
Mr. J. A. Jemson 3 *months*
Mr. A. D. Tuddenham 6 *months*

House Surgeon to the Thoracic Unit
Mr. C. T. M. Wilson 3 *months*

House Physicians to the Department of Medicine and Resident Junior Clinical Pathologists
Mr. P. Hirsch 3 *months*
Mr. D. G. Montefiore 6 *months*

House Physicians in the York Clinic
Mr. I P. James 3 *months*
Mr. K. J. Fisher 6 *months*

Resident Anaesthetists

20.9.53—19.3.54	Miss J. E. Brett
7.1.54—6.7.54 :	Mr. J. H. Kerr
20.3.54—19.9.54 :	Miss J. E. Brett

R.M.O's Nuffield House

18. 9.53—17. 3.54 :	Mr. P.K.M. Barrett
8.10.53— 7. 4..54 :	Mr. P. F. A. Crawshaw
18. 3.54—17. 9.54 :	Mr. P. G. Dunbar
8. 4.54— 7.10.54 :	Mr. D. A. F. McGill

Orthopaedic House Surgeons
Mr. J. W. Jordan
Mr. W. Wypkema
For duties at Orpington and Guy's 3 *months*

QUEEN MARY'S HOSPITAL, SIDCUP

House Physician
Mr. A. M. Brown

ST. JOHN'S HOSPITAL, LEWISHAM

Casualty Officer
Mr. R. H. Morgan

LEWISHAM HOSPITAL

House Surgeon
Mr. D. J. Hudson

JOYCE GREEN HOSPITAL

House Surgeon
Mr. E. K. Lee

ORPINGTON HOSPITAL

House Physician
Mr. D. Dodshon

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for the appointment of **Registrar (1st Year) in the Department of Psychological Medicine** (4 sessions per week). Duties to commence on 1st April, 1954. Forms of application, obtainable from the Superintendent, Guy's Hospital, should be forwarded not later than the **12th March, 1954.**

Applications are invited for the post of **Registrar (whole-time, 1st year) in the Department of Psychological Medicine.** Post offers good opportunities for post-graduate medical and psychiatric work. Duties will include teaching and in-patient and out-patient work and will commence on 1st April. Forms of application, obtainable from the Superintendent, Guy's Hospital, should be forwarded not later than **12th March, 1954.**

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates :—
1 line 6s., 4 lines 20s. Box Numbers 9d. extra.

BUNGALOW to let furnished, May and June, 30 yards sea. Secluded Dorset coast. Sleep 8. Garage, boat E. L. C., Dr. Elliott, Stokenchurch, High Wycombe.

TYPEWRITING–First class service by qualified typist at economcal rates. Theses, manuscripts, testimonials, etc.—Box No. 33.

For Sale

DENTAL SURGERY and workroom equipment, sundries and stock. Box No. 32.

1935 AUSTIN TAXI. Good Condition, £35. Box No. 34.

CHRISTIAN UNION

Guy's Hospital Christian Union is holding a Summer Term Weekend Houseparty at "Greenwoods", Stock, Essex, from May 7th-10th. Any member of the Hospital who would like to come, will be most welcome and can obtain details from John Bavington or Verna Firth, via a note in the Colonnade rack.

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CHANGES OF ADDRESS

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J. Taylor, B.A., M.B., B.Ch., Le Merisier, Millbrook, Jersey, C.I.

BIRTHS

AMBROSE.—On 19th February, 1954 in Victoria Ward, Guy's Hospital to Patricia (née Campbell), wife of John Ambrose, a son (John Maurice Timothy).

MACVICAR.—On 21st February, 1954 at The Romilly Nursing Home, Cardiff to Susan (née Froggatt), wife of George MacVicar, M.R.C.S., L.R.C.P., a son.

SINGER.—On 14th February, 1954 at City of London Maternity Hospital to Joyce (née Fry), wife of Ivor Singer, B.D.S., L.D.S., R.C.S., a son (Alan Evan), a brother for Anne.

STEEL.—On 16th February, 1954 at Hertford County Hospital to Moira (née Fudger), wife of F. L. D. Steel, L.M.S.S.A., a son (Samuel William Dyne).

SYCAMORE.—On 3rd February, 1954 at Queen Charlotte's Maternity Hospital to Patricia Gordon (née Ruggins), wife of E. McK. Sycamore, M.R.C.S., L.D.S., a son (John Edward).

MARRIAGE

GRAY—CAMPBELL.—On 30th December, 1953 at St. Mary's Blairs, Aberdeen, Kenneth Gray, M.B., B.Ch., to Diana Campbell.

DEATHS

BIGGS.—On 18th February, 1954, T. Strange Biggs, L.S.A., of Paignton, Devon, aged 90 years.

DIGBY.—On 23rd February, 1954, at Guy's Hospital, Kenelm Hutchinson Digby (Emeritus Professor of Surgery, University of Hong Kong), aged 67 years.

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GUY'S HOSPITAL GAZETTE
A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS
PUBLISHED FORTNIGHTLY

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PASSIM

. . . but the greatest of these . . .

LAST week, at Nottingham Assizes during the hearing of a case in which substantial damages were awarded against a hospital authority, Mr. Justice Stable made a statement which was clearly directed to a larger public than was then assembled before him in the court room. "When we had assisted voluntary hospitals," he is reported to have said, "if I was brought in from the streets a dying pauper, any treatment I received, and no doubt of the best that science could provide, was an act of charity. Now we have gone over to the State system, and it is a matter of right for which every citizen has paid. The hospital authorities are just as much his paid servants as anybody else. If anybody has got a different idea they had better think again."

These are uncomfortable words. Since the National Health Service was established there has been an increasing number of successful actions for damages against the Medical Profession, and this must be a matter of concern not only to hospitals and practitioners in particular but to all those who "have paid" for their services. Does this state of affairs indicate any slackening of their charitable intentions now that hospital authorities have become "paid servants"? That is a question which conscience alone can solve. But if nationalization has brought iniquities to light, then assuredly nationalization is a good thing.

The Legal Profession, of whose members this country is justly proud, has, so far, escaped the nationalizing net. How it has contrived to do so in view of its wide impact upon the interests of the average citizen must remain a matter of conjecture. But what is certain is that there are good lawyers and indifferent lawyers, just as there are good doctors and indifferent doctors. Dare we suggest that one reason why actions for damages against members of the Legal Profession do not appear to flourish, as they do in respect of their medical brothers, is not because there is less incompetence (or indeed "negligence", for this is the harsh operative word) in that learned group of men and women, but rather because it would prove far too intricate and expensive to set the lawyers against themselves. Legal "treatment" for the average citizen is by no means the "act of charity" to which pre-nationalized medical practice has been lately compared. The lawyer is not the "paid servant" of the citizen. That certainly is true. Would it, by any chance, be because the average citizen cannot afford to pay the lawyer's fee?

We extend a warm welcome to Sir John Conybeare and to the Superintendent and Mrs. Doherty on their return from their visit to South Africa. They had opportunities of meeting many Guy's men and of renewing old acquaintances. We hope to publish more details of this successful visit in a later issue of the *Gazette*.

We congratulate Mr. R. C. Brock on being awarded the Cameron Prize in Practical Therapeutics by the University of Edinburgh "in recognition of his work in establishing cardiac surgery on sound fundamental principles and in developing the operative treatment of lesions of the pulmonary valve."

We congratulate Dr. I. J. MacQueen, an old Guy's man who is a lecturer in anatomy at Sheffield University, upon the award of The Royal Humane Society's Certificate. Dr. MacQueen dived into a reservoir to save an eight year old boy and restored him by artificial respiration from an apparently lifeless condition.

In this issue we start to publish, under the title of *Oblivia*, recollections of "Q. S. Gabb." The name dates, we think, from the *Residents' Theatricals* of 1907. Among the Dramatis Personæ we find "Q. S. Gabb (a student with an idea)." This pseudonym conceals the identity of a well-known Guy's man who has spent many interesting years in rural general practice and who has nearly fifty years as a *Gazette* contributor to his credit.

Selected paragraphs from former numbers of the *Gazette* which we have published under headings like "Thirty Years Ago" have proved to be a popular feature of our issues during the past months. These passages are being chosen for us by Dr. T. B. Brewin. We should like to place on record our thanks to him for undertaking the research work which this feature involves and for the aptness of his selections.

The correspondent who wrote in the last *Gazette* about students' digs has raised a vital subject. The welfare of students is undoubtedly of great interest to the Guy's authorities, who have done what they can by preparing lists of lodgings and by the establishment after the war of that popular hostel for clinical students, St. Christopher's. Many people would favour the wider establishment of such residential hostels where medical and dental students of all years could live.

Obviously, there will always be a goodly number of men and women who prefer to live in digs and who want to get away from the Borough atmosphere each evening. However, the provision near to Guy's of really attractive living quarters with good facilities and at a cost within the reach of students would be popular. Provided the capital outlay could be met, a new residential college would be a good investment. A correspondent in this issue of the *Gazette* makes a generous offer of a fifty pound subscription to any fund set up to bear the initial cost of such an establishment. The days of charity may be passing for the Hospital itself, but the welfare of its students seems an object worthy of our interest and sympathy. It would be interesting to know how much could be raised by a voluntary subscription and maybe by official grants towards a Foundation Fund. Undoubtedly no contribution may be expected from British Railways who weekly, monthly and quarterly exact their outrageous and steadily mounting charges for transporting students uncomfortably from the depressing inner suburbs to the smelly chaos which is London Bridge Station.

We apologize to the Theatre Club for omitting their notice (printed on page 125 of this issue) from the last *Gazette*. Owing to difficulties at the printers, some items were unfortunately delayed beyond the day of "make up." We regret the inconvenience undoubtedly caused by this error.

The Directory of Guy's Men published biennially by the *Gazette*, gives details of their permanent addresses. Naturally enough, temporary changes cannot be recorded therein. The change of address column on the Hospital Information page is, however, freely available for the publishing of the travels of old Guy's men and women. It would be appreciated, however, if notices intended for the column would specify whether any change of address is temporary or permanent and whether the entry in the Directory requires alteration. This column provides a valuable method of contact for Guy's men who move to new districts and is, we believe, appreciated by official and private enquirers.

We would like to emphasize that when subscribers request us to alter their forwarding address for the *Gazette*, we do not publish the change unless requested so to do.

GUY'S DIARY

March			Exhibition. Department of Surgery. "*Peptic Ulceration.*"
22nd	M.	1.00	Mr. Patrick Clarkson. Clinical Lecture. "*Modern Trends in Hand Surgery.*"
		1.00	Mr. A. R. F. Thompson. Dental Clinical Lecture. "*Hydrocolloids in Conservative Dentistry.*"
23rd	T.	1.00	Mr. Guy Blackburn. Clinical Lecture. "*Carcinoma of the Pancreas.*"
25th	Th.	1.00	Dr. Christopher Hardwick. Clinical Lecture. "*Lymphadenopathy.*"
		5.00	X-ray Meeting. Gordon Museum.
26th	F.	1.00	Dr. A. H. Douthwaite. Clinical Lecture. "*In Search of Gastric Peace.*"
		2.15	Clinico-Pathological Meeting. Gordon Museum.
27th	S.	10.00	Clinico-Pathological Meeting, Clinical Theatre.
			Rugby 1st XV v London Irish (Blackheath).
29th	M.	1.00	Dr. R. C. MacKeith. Clinical Lecture. "*Constipation in Childhood.*"
30th	T.	1.00	Dr. A. B. Wayte. Clinical Lecture.
April			Exhibition. Department of Surgery. "*Surgery of the Testicle.*"
			Exhibition. E. N. T. Department. "*Sigmoid Sinus Thrombosis.*"
1st	Th.	1.00	Mr. S. H. Wass. Clinical Lecture. "*Carcinoma of the Rectum.*"
		5.00	X-ray Meeting. Gordon Museum.
		5.00	Mr. Murray Falconer. Neurosurgical Demonstration, Clinical Theatre.
2nd	F.	1.00	Mr. P. V. Reading. Clinical Lecture. "*Sigmoid Sinus Thrombosis.*"
		2.15	Combined Round. Pre-clinical Classroom.
3rd	S.		Rugby 1st XV v Richmond (H.O.P.).

RESIDENTS' BALL

The Residents' Ball will be held this year on Friday, 7th May, at the Park Lane Hotel. The number of tickets is limited and we have been asked to suggest that early application for them be made to the President of the Residents.

THE RESIDENTS' PLAY—1954

Dead Space, or *The Smoke goes up the Chimney just the same.*

WE pondered when the notices went up in the Colonnade, for the secret of plot and characters had been well kept this year. The sub-title? Possibly too modest an indication of the new authors that, come and go who may, the Residents' Play continues. But the main title, *DEAD SPACE*? A P.M. room reference? No, Keith Stripsem was last year. Respiratory? The land awaiting the new Guy's? The new Record System? Did anyone get the two words right and predict our Professor Emeritus of Physics and his Space Ship, with a journey to the moon? We wonder.

"*E pur si muove*!" said Galileo, and this play on the same theme, certainly did too. It went with a bang, like Professor Dead's rocket, from start to finish, and there was no dead space in this production. We started in the laundry with a rousing chorus among falling soap bubbles where laundry maids, in descending sizes but uniform beauty, invited us to

OPENING CHORUS

Wash all your troubles away
We'll make 'em bubbles and blow them to spray
Wring the changes, don't be shy
Hang 'em up and peg 'em out and leave 'em here to dry.
The biggest black or the blackest small
Never ever get in our way
For the only linen that's washed in public
Is here in the Residents' Play.

This opening was in the best Pantomime style, except that one could hear the words, and the accompanying dance had the ordered spirit, dash, and abandon one expects of the Miller girls.

A good start, and then at once we are introduced to our Hero and Heroine, Ptery Goid and Amy Loid, the traditional H.S. and Strings. A delightful pair, well furnished and well matched, and so happy that we know that estrangement will happen. When we have appraised their quality, She goes with Winnie, the main washer, to press her dress for the Residents' party, and He leaves with the decision to propose that night, for " Nurses make such wonderful wives, and—Amy is such a wonderful nurse ". And then the plot develops. Drs. Fishop and Hoodwink (piercingly life-like) arrive for a meeting, and their wonder at the curious place chosen is explained by the arrival of Professor Dead, Dr. Shrink, and Mr. Block. The Professor explains that inside the laundry chimney he has constructed a rocket space ship, now ready for launching to the moon, for the benefit of science and the glory of Guy's. Fishop is to be applied physiologist and sexologist, Shrink is an exponent on rare gases, and Hoodwink, as one of Cony's ex-R.A.F. boys, is to act as pilot. Block, of course, assumes command of the expedition. The plans are interrupted by clouds of smoke from Hoodwink who has been brooding, Rodin-like, on an iron ; while Block and Fishop deal with this backfire, Shrink is left meditating in song :

SHRINK'S SONG

Boyle has a machine and a gas bag
And boffins believe in his law,
They babble about partial pressures,
But their bagful of wind is a bore,
For the bag that prevents them expiring too soon
Is, believe it or not, just a rubber balloon.
Oh, have I been terribly naughty ?
Have I ? Oh dear !

When I'm tired of a tough intubation
And the glottis is getting my goat,
I guide the gas into the gullet
By sliding the tube down the throat,
Then I beat a tattoo with an old wooden spoon
On the belly blown up like a rubber balloon.
Oh, have I been terribly naughty ?
Have I ? Oh dear !

Because I've been beating the belly
The volatile gases expand,
And the intra-abdominal pressure
Is greater than nature can stand,
And I feel such a fool and a bally buffoon
When the patient ascends like a rubber balloon.
Oh, have I been terribly naughty ?
Have I ? Oh dear !

When Brock cuts a figure by freezing
And I'm just his ice-skating Rink,
I swaddle my body in blankets
Exposing my nose nice and pink,
So I spin myself up in a cosy cocoon
And bounce up and down like a rubber balloon.
Oh, have I been terribly naughty ?
Have I ? Oh dear !

If a surgeon's about to be beastly
And I'm frightened that fireworks will fly,
I seize a syringe of curare
And squirt it straight into his thigh.
And he falls to the floor like a flaccid baboon
And the tension subsides like a rubber balloon.
Oh, have I been terribly naughty ?
Have I ? Oh dear !

I'm smoking my pipe like a hookah
It's hitched to the cyclopropane,
So I'm sucking away at the cylinder
And puffing the stuff back again,
There's a shocking report like a rocket maroon
And the beastly thing bursts like a rubber balloon
Oh, have I been terribly naughty ?
Have I ? Oh dear !

This song was resonantly and superbly sung. We could not tire of the artistry of the last two lines, but the action had to continue with the reconditioning of Hoodwink, by passing him through the mangle. As James has " a perfectly ghastly day tomorrow—dental gases amongst other horrors ", the meeting closes, with the ascent to take place in two weeks' time. The heroine, however, has overheard the plans. We are sure of her loyalty, for her fiancé as Block's H.S. will be in the party, but then She sees, and we see, that someone else had heard and that that someone else is in a laundry basket. She hurries off to consult, presumably Him. The scene closes with the laundry, as Winnie is joined by her companions in home-going, form fitting, and pleasure revealing habits in a final chorus. And from the basket comes the tousled head of MacTeeth as the curtain closes. Clearly a member of the opposite and, therefore, villainous side, but how strange in this guise of paediatric innocence !

(Reflections while the pianists, Geoffrey Baker and Michael Vickers, and drummer Gibbs aloft, quietly and sweetly lull us through the short period between scenes :—A good start. Some plays we can remember have started too quietly, almost in diastole, with a crescendo murmur ; this one certainly starts in systole with the first sound. Lawrence as Shrink is one of the character studies of the Staff that will be remembered ; a first-class song that is already sticking ; hero-heroine already introduced, the best pair one can remember. This is going to be more than just all right.)

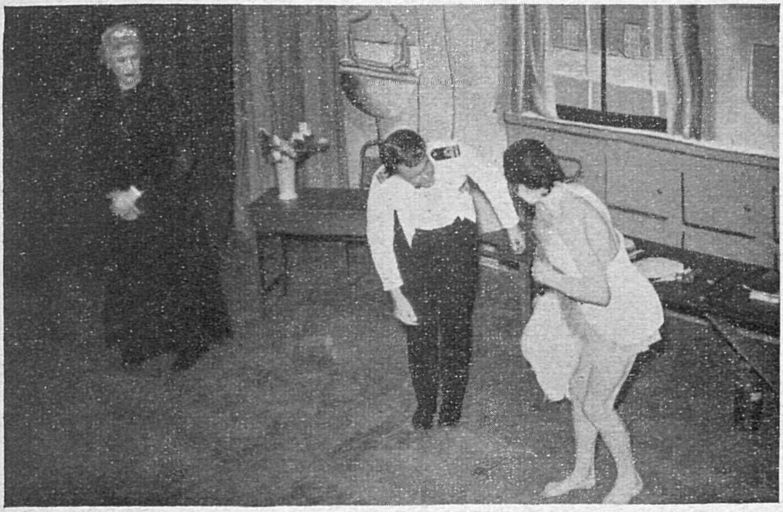
But the Curtain is up for Scene II, in the dental gas room the following morning, with Pinkie Belt, the dental assistant, preparing the instruments. And the triangle tinkles at once with the entry of Ptery, the hero, for this dental assistant is female, definitely female, outstandingly and aggressively female. So female is she, and so natural is He, that we at once condone his fall, for fallen is He and forgotten the poor sweet She of the last scene. The two James arrive, Shrink enveloped in smoke, Fansie in the *Times*, to begin the session. Fansie, a welcome newcomer to the plays could not be mistaken, in looks, in action, or abstraction. Ptery gives Shrink the details of the afternoon operating list, thus confirming his worst fears. With a stoical " Heavens ! I don't think I can stand so much savagery all in one day ", he prepares his gas apparatus as the first patient is led in by no less a person than Poland, the Dean. And the patient is no less a person than MacTeeth, the paediatrician, and led he needs to be, for in sympathy with his patients' fears, he too is fearful—and already the pain is gone. Clutching his Teddy Bear he is calmed and cajoled into the chair, the gag is inserted, and the gas is started. Naturally there is some cylinder trouble, pinkie trouble, and some chair trouble, but inevitably such an important member of the plot survives at this early stage. The anaesthetic and extraction take place in a quintet with MacTeeth as central figure, Shrink behind and over him with a mask, Fansie active in front, while as caryatids are ' Teddy holding Teddy ' on one side, and Pinkie holding a spitoon for ' the sanguinary spout ', as graceful and vital as Ceres with a cornucopia. The words do not convey this excellent and ambitious scene, for its effect was wholly musical. It started as a lullaby, in negro-spiritual vein, with Shrink's deep-river voice echoed softly by the others, which produced perfect anaesthesia ; it then broke into a fast grand opera *tutti* while action and extraction occurred ; and ended with an exultant unison. Not before MacTeeth in his waking confusion revealed to us that it was he that was in the know and the laundry basket. We noted that Poland covered up this slip.

The Dean a villain ? Could such a small black patch have triumphed over this Grecian profile and noble bearing ? In a Residents' Play all things are possible we thought, as with a final paeon of triumph for Dental Surgery the quintet and scene ended with a post-operative collapse of MacTeeth.

(Reflections. Opera has been parodied before, but never so well, nor had it ever contained so much action. Very rare to get so good a natural voice as Lawrence. Is Fansie the first Dental Surgeon to appear? Certainly the first for some time. An excellent choice, an excellent character.)

Scene 3 is clearly set in Nuffield House with the view of the Medical Block through the windows, but our eyes are soon fixed on the Hero, who is fixed to Pinkie; fixed in an embrace of ecstasy, glued to her lascivious chaps, her arms tender and killing as tendrils of ivy and firm and crushing as a python, his legs dangling with delight and wriggling in rapture. Will it never end, said Alice, but eventually it does, for even lovers like this must breathe. With a few words Pinkie has got him, he is finished with Amy, and who can blame him ? They close again, until She arrives to tell Him the secret of the laundry and—they are discovered. Then the Triangle sounds like a Gong and Ptery is torn 'twixt the natural sweetness of defenceless virtue and the heady intoxication of irresistible charm. But the battle is to the strong, the heroine retreats sobbing, and Hero and Siren close again in their longest embrace, long enough for Fansie, who ambles in, head in *Times*, to finish at least one leader. At last he sees them, finds that he is not in the Medical Block but in Nuffield, is redirected, and drifts away in the wrong direction. Dr. Hauntz joins Pinkie and it is soon clear that both are on the side of Evil. She is clearly the *femme fatale*, the beautiful spy, but he is clearly not the head villain, for she tells him that the Chief, because of MacTeeth's disclosure under narcosis, is determined to move fast and that Plan B is to happen tonight. The peripatetic Fansie overhears this so that Hauntz marches him off at revolver point to imprisonment in the Animal House, where "even the rats can't stomach Professor Rubsem's continental cooking".

(Good to see such a good girl matched against such a bad girl. Plot has moved on a bit. End of the scene nearly dragged with just too much of a too much distorted Hauntz. Prefer the slick but jolly Hauntz who was fellow bookmaker with MacDrain a few years ago.)



Private Patients

The last scene of Act I is still in Nuffield House C Floor, the same evening. Here are disclosed three private patients of moderate means, the Countess McNamara in mink jacket and tiara, a Captain R.N. in monkey jacket and medals, and a cabaret dancer in plaster jacket and fan. They sing this delightfully idiotic lyric to a catchy tune. (Very well recorded).

PRIVATE PATIENTS' SONG and DANCE.

Now I'm the Countess MacNamara,
I'm under Mr. Sammy Wass today,
Last night I went and sat on my tiara
So Sammy sings tiara-boom-de-ay.

Now I'm a Captain in the Navy,
I'm under Mr. Doherty today,
My Number One said " Pass the Plymouth, Davy,"
And I passed it in a wavy navy way.

Now I'm a dancer at the Astor,
I'm under Mr. Batchelor so gay,
Last night I lost my fan in a disaster
So I'm dancing in a plaster cast today.

I am a Countess,
I sail the sea,
Never broke my fan before,
We're just fond of Nuffield C Floor.
We're got the rhino,
We've got the beans,
Nuffield keeps an open house
For those of modest means.

All three had good voices, all were absolutely in their parts, and gracefully they danced ; minor characters these, but clearly a major success. We particularly admired the disapproval of the dancer shown in every sniff and glance of the Countess —first-rate, quiet acting. The private patients are dispersed to their rooms for dinner by Sister Griffin, who, with characteristic good sense and good humour sympathises with her head nurse, our heroine, who naturally is not feeling at her best. Hauntz arrives and the irrelevant production of his coat of arms is an excuse for an excellent and typically Montgomery lyric :

HAUNTZ'S SONG

On the distaff side of the proband
Couched on a dexter stripe
Were six sick sibs
With ricketty ribs
And a hideous phenotype.

On the haploid side of the bearings
Charged on an argent ink
Was a mutant gene
And a diplotene
And a gap for the missing link.

On the sex-linked side of the mating
Blazoned as Anna Phase
And unguled vert
In an ermine skirt
Was a flippant flirt at gaze.

Impaled as a root extraction
Indented in Mendel's laws
Was a jawless fang
And a goutte of sang
Staunched in a maunche of gauze.

When heralds get their clutch on
Your genealogy
And the blots on the escutcheon
Of your noble pedigree
Then Kauntzy-counter-Kauntzy
Let our motto's moral be,
We're lucky dips in a bag of chips
Off the block of the family tree.

This rattling display of genetic and heraldic terms was very well sung, and it certainly seemed to calm Sister's annoyance at consultants who come at mealtimes. Nevertheless they continue to arrive and Poland, Fishop, and Shrink go off to see poor MacTeeth, who has been admitted following his extraction and collapse. Hoodwink is better received, and agrees to see the sick heroine here rather than on his more familiar ground, the Nurses sick-room, with its attendant advantages of hearing the hospital gossip. This is the cue for the traditional staff song :

HOODWINK'S AND SISTER GRIFFIN'S SONG.

Nurses, sick nurses,
Oh, what a curse an indisposed nurse is
Waiting in the sick room
For me, for me.
But all of these verses
Are the tittle-tattle-tittle
That a nurse converses
Waiting in the sick room
For me . . . .

McArdle's a keen neurological gent
The eye ward are thinking of charging him rent
They say he's been camping out there in a tent—
That's what they say in the nurses' sick room.

At golf Eckhoff's nerves are as frigid as ice
At the odd on the last green his putting's precise,
In the theatre his temperament favours a slice—
That's what they say in the nurses' sick room.

Willie's the man who suggests every week
Recondite researches for others to seek
But to simpleton registrars everything's Greek—
That's what they say in the nurses' sick room.

A gamesman, MacLean, is the stoutest you've met
He pretends to lose weight but his figure seems set,
On form an all-rounder he's no Silhouette—
That's what they say in the nurses' sick room.

There's a radio line that is silver and bright
Encouraging nurses to stay in at night,
Go back to the Home, Stafford Clark's on the Light—
That's what they say in the nurses' sick room.

When Guy hit the headlines dismay filled our hearts
In this Paradise Park of the surgical arts
For a trespass in Eden he was sent down to Bart's—
That's what they say in the nurses' sick room.

There's a surgical firm that is told that it's right
To ring Lawrie up at all hours of the night,
He doesn't sound pleased, but he's always polite—
That's what they say in the nurses' sick room.

Watch for the Birdie, the Warden will call,
The camera clicks, and the shutter will fall,
And another exposure appears on the wall—
That's what they say in the nurses' sick room.

The rugger fifteen's a rough looking medley
Their form on the field is inspired to be deadly
For there on the touchline is elegant Hedley—
That's what they say in the nurses' sick room.

A nurse with a cape lined a gay hunting pink
Like a little Red Riding Hood makes a wolf think,
For to Hardwick a Hood is as good as a Wink—
That's what they say in the nurses' sick room.

Sister calls the heroine to consultation with Hoodwink, which is just what the little minx wanted, for the eavesdropper in the laundry basket is still on her mind, and the hero no longer has her ear. Once again she is successively foiled by Hoodwink's security methods, by Sister G presenting them with cups of tea specially poured out by Dr. Poland, and by the consultants who agree that MacTeeth is now fit to go home. Just as she is at last allowed to come to the point they both begin to show the convincing and well known symptoms and signs of stage drugging, and fall insensible as Poland brings in his unwilling apprentice MacTeeth. Hints had already been given of decanal devilry, but now in rolling Shakespearian lines he proclaims his true villainy, and its motive. Ambition, Power, the Universe, and the key to it is the one that works Dead's space ship, which he removed from the unconscious Hoodwink's pocket.

(Interval impressions. A play that moves, despite two scenes in the same set. Hauntz is wrong ; the rest are right. Excellent singing, good playing. The opposing camps are well pitched. Let's get on to the Moon.)

FUEL
EMPTY
EMPTY
2LO
CHOKE
COUGH

The first scene after the interval is inside the space ship. It had taken the first act to show us the opposing factions, the plot was clear, and now we must be in for Action. The unconscious heroine has already been deposited and Poland, with unwilling apprentice MacTeeth and wicked apprentice Hauntz, brings in her fellow victim, Hoodwink. To this trio, Pinkie, the *femme fatale*, must be added, for as Hauntz points out, she already knows too much and would talk too much ; she certainly appears to stimulate them. All is well with their plans for Hoodwink only needs reviving and then he will be made their navigator. Hauntz injects the necessary analeptic, using Heroine as a control, and he and Poland while away the necessary time for it to work with a little self-congratulation and recollection.

"*. . . for the test up West is my double-breasted vested interest in chests, sir.*"

DR. POLAND and DR. HAUNTZ'S SONG.

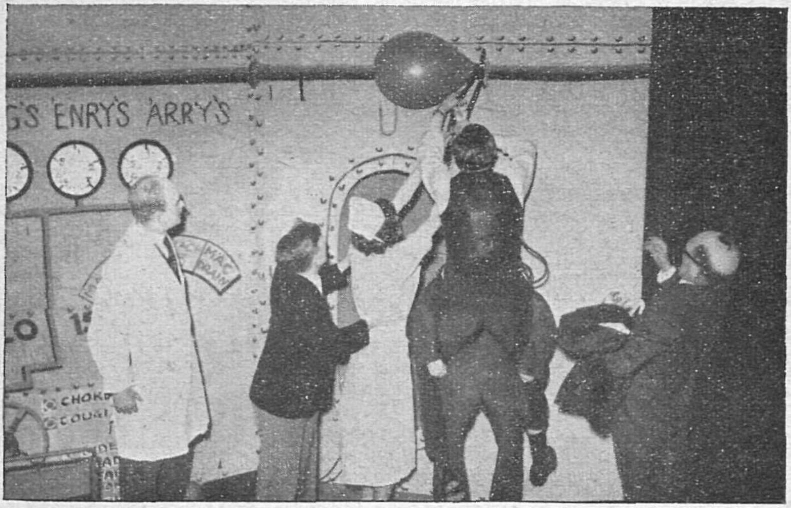
I'm the best dressed chest investigator,
Please don't jest, for the test up West
Is my double-breasted vested interest in chests, sir.
When they're undressed, we're not impressed
By a hairy chest, more suited to the quest
Of a Public Pest than a Private Chest Investigator.

For asthma is our passion
And allergy takes you far,
We're arrays of nasal sprays and trays
Of paraphanalia,
And we diagnose those
With a cyanosed nose
As nasal asthenia.
Nosology varies
If noses or nares
Are stuffy, it's nasal catarrh.

Now pulmonary signs are hard to find,
For the wall of the chest's opaque.
If the lung had been slung from the tip of the tongue
There would never be any mistake.
So we gaze at a maze
Of X-rays in a daze
Till we finally undertake
To furnish a coffin
To carry them off in,
Or coughin' will keep them awake.

But the conspirators are interrupted by the arrival of the opposing team, the Home side. Po rushes them off to the engine room and, being an intelligent audience, we can guess what that will mean. With equal intelligence the Guy's side, seeing the still unconscious victims, realise with a blinding flash that there has been FOUL PLAY. The hero embraces the heroine, and Shrink ministers to Hoodwink ; both are delighted at the success of their methods for both patients regain consciousness. Now at last Amy is able to tell someone of the eavesdropper in the laundry, which confirms the impression that ALL IS NOT WELL. Before discernment is galvanised by Block into decision, the automatic doors to the ship close, the dials revolve, and Dead explains that from now on events will take on a more or less automatic sequence. They do. With some truly Residential explosions they are flung into vibrations and are clearly on their way ; Guy's and its chimney are left behind.

When they have regained their feet, Block goes forward to the astrodome, Dead consults his pocket calculator, and Hoodwink takes the controls. Dials revolve, horns toot, bells ring, the penny drops, the coconut falls, and the steering wheel comes off in Hoodwink's hands. Meanwhile, the observant Shrink has noticed that the main supply pipe is developing an aneurysm which enlarges, while, amidst mounting excitement, Block is summoned to deal with this vascular emergency.



" . . . *and ligates the aneurysm with the hero's tie* . . . "

In the nick of time he leaps on to Shrink's back and ligates the aneurysm with the hero's tie, and saves the ship. While Block modestly receives the deserved acclaim for this triumph, Dead is calculating the exact moment that they will have left the earth's gravitational pull. They suddenly do so. All begin to levitate and Hoodwink rises Wendy-like in the air. An excellent curtain.

(A scene full of action and slapstick, and a succession of triumphs of back-stage expertise. Did anyone see the wire attached to Hoodwink ?)

The next scene was an interlude while the travellers were on their way to the moon, and the scene shifters get it ready behind the drop curtain. Though an interlude, it kept in step with the plot, for here in his laboratory was Reggie Waterfall with microscope and telescope. Mike Robe, an orthodox and simple ward clerk is snared with Reggie's gin to listen to an unorthodox and far from simple exposition of the universe. With the unruffled lucidity of a Waterfall, he explains to the goggling Mike his Marx-brothers theory with chart, diagram, and song.

DR. WATERFALL'S SONG.

There's a little known laboratory that overhangs the Park,
But it's used as an observatory instead,
Where by night I write accounts of what I study in the dark
And by day I count what's written in the red.

Now you've got a hunch of the stuff I write
For the stars have their stories of old,
And things that are written in blood so bright
Are tales that are better not told.
But the weirdest mysterious tale of them all
Is the blueblooded star-studded story they call
The legend of Reginald Waterfall.

Sitting in the Lab one murky night
As the white cells shifted from left to right
I chanced to see a leucocyte who upped at me and gave a baby sigh.

He said, "Reg", he said, "I'm just a basophil
And I hate being rude but I think I will
For I can see some blood at the back of your gin shot eye ".

So I grabbed for the bottle and took a swig
For I felt that it was just a little infra dig
For a white cell to do my red count on the sly.

With counting cells I can never cope
So I turned my other eye to the telescope
And scanned the heavens to see what I could spy.

And I hadn't been spying but a moment or two
When a funny little star came into view
And he turned to me and said "Oh, my, my !"

He said, "Reg ", he said, "You don't know my name
But I'm very pleased to meet you just the same
And there's a twinkle there at the back of that other eye ".

Now getting rather mad with this sort of chat
I took another swig and reached for my hat
And said, "Boys, just listen to my reply ".

"Star ", I said, "If you can see so well
Then carry on counting that old white cell
If you can make a better job of it than me then just you try ".

And, " Cell ", I said, "If you can see so far
Then hitch your lobe to the North Pole Star
And count all those little twinkles way up in the sky ".

So I fixed the tele to the microscope
And said "Carry on counting, boys, I'm no dope
Play peep-bo with each other 'til you die ".

Stoddart, if you'll make a smear of that new set of corpuscles
We'll carry on from here. Yea, yea-yea, Yea.

This started with a lilting adagio, but at ' Sitting in my Lab. one murky night ' it suddenly broke with electric effect into a presto Phil Harris patter, ending in a Bronx-ial shout. The long applause over, Waterfall with characteristic kindness and insight, adjusts his telescope to Mike's intellectual level to show him the moon, and though we know what he'll see there, his excitement was admirably conveyed:— " Robe, Robe, I've seen something land on the moon !"

(Interval reflection with programme. Does it take four days to get to the moon?)

Only just in time to realise how well they had done to keep up the tension with this scene, and we are ourselves on the moon. Hunt's set richly deserved the instantaneous applause which greeted it.

"... the cold light shining on their space suits like armour ..."

A grey and green perspective, cold, sterile, with the landed space ship in the distance, the earth in the sky, and large rocks like Moore-ish women (without holes), in the foreground. The conspirators arrive first. Poland is satisfied ; conquest is his pure aim, and already it is time to make plans for the return journey. MacTeeth is frightened, Pinkie sees no future here in this manless desert, so that Hauntz's scheme to rekidnap Hoodwink for the navigation and leave the others to fry like eggs in the sun when the moon night ends, is commended by the leader. They don't seem to have met the scientists on the ship ; presumably they travelled in a different class. They conveniently leave to make room for the good Guy's. How noble they look, marching and countermarching to their rousing *Space Song*, the cold light shining on their space suits like armour, Block's flag flying in front ; like crusaders. But we can't say that of the heroine, for crusaders were all-male casts. Of her let us say, that although we haven't seen Ingrid Bergman as St. Joan, we now don't want to. This *Space Song* was terrific. The lyric cannot convey the amusement of the actions which emphasised the individual verses, or the hilarious way they were combined. It wasn't a catch, a canon, or a round, but whatever it was it was technically perfect, and ended with more than a hint of pomp and circumstance. The scientists then disperse to their researches, mainly moonshine, leaving the lovers at last alone. They were reunited early for a Residents' Play and they seemed to be leaving it a bit late for their song, but here was the opportunity and well they took it. A romantic lyric, a romantic setting and this romantic golden headed couple sang it well. Some years we have felt that the love duet was a convention we were pleased to accept ; this year we were glad to have it.

LOVE SONG—AMY and PTERY

Now since the beginning of time
Lovers have longed for the moon,
They've had to put up with the rhyme
Of a flaming noon in June ;
But our love's birth
In the light of the earth
Has made us hanker for worldly bliss,
For here we stand
In love's own land
Locked in a lunar synthesis.

You look sweet
On a beautiful moon night like this,
You look sweet
In the glimmering earth light like this.
We don't need money honey
On this moony honeymoon
Because I love you so much, I do, I do.

You look sweet
On a beautiful moon night like this,
You look sweet
In the glimmering earth light like this
It's amazing what people will say
When they're out on a moon night like this,
It's a wonderful night
And I think that I might
Kiss you.

The appearance of a Moon man whisks them away to collect their forces. What are moon men like ? Moon men, O my best beloved, have two eyes, one probosis, one mouth, four arms, no umbilicus, and only Fishop's pocket machine can determine the sex. The trenchant Hoodwink summed them up—" What an astonishing firm !" The Guy's forces return and confront the moon forces ; three moon men, one moon woman, no mooncalfs. They open fire with all the armamentarium of the Eagle, from the shelter of the rocks, at a distance of a few yards, but the moonshine has apparently affected their aim and no damage is done. Fishop is able to call a scientific truce : further investigation of these creatures is necessary ; he has no beds here ; they must, therefore, be persuaded to return to Guy's and, we suspect, the R.S.M. Block, only too used to foreign visitors and bodies, skilfully interprets these wishes, to which they surprisingly assent. All is set for the return journey when in Shrink's words and tones, " a monstrous noise, a terrifying cacophany " is heard. The arrival of another space ship ? No, Dead explains that this is the sound of their own flight overtaking them, in fact—" Congratulations, gentlemen, we've arrived ". A very ingenious end.

How to clear this all up in the last scene ? Well, the scene is the Preclinical Class Room at Guy's, so at least they're back. And here are the scientists, led by Fishop, to demonstrate the moon men at a Combined Round—Hoodwink explains that they must be cannibalistic for of the original four only two arrived back. Mike Robe, an engaging natural, is called upon to examine them, fundi first, while Fishop describes the Cushion face in the Moon Syndrome, as distinct from the Moon face in the Cushing Syndrome. Meanwhile the very average ward clerk has found what the average audience has already begun to suspect, and the two men are revealed as the villains, Poland and Hauntz. Poland tries, not only to laugh it off, but to jump first claim on the Moon ; but it is difficult to laugh off the disappearance of the other two, and he admits that as they were no longer necessary to his plans, he jettisoned them into thin air on the return journey. Shrink's humane thought of " poor MacTeeth who never did anyone any harm, floating about in space for ever and ever, with that perfectly *terri-fying* woman, that *fright-ful* girl ", mobilises the forces of right to action and justice. Po is forced to fight his way out with Hauntz and a gun, but they fall convincingly and conveniently dead. Shrink explains that to prepare them for the round he had given them a new sedative, but naturally in moonmen, or double, dosage ; he had, in fact, bumped them, and—had he been terribly naughty ?

With the two villains gone, and now two vacancies on the Staff, it only remains for Fansie to be retrieved from the Animal House and for MacTeeth and Pinkie to hatch from a meteor which falls through the roof, and the authors are home with their last scene—short, sweet and reasonably tidy. The last, and neat trick in their hand was to regather their characters severally to a recapitulation of their themes, and to mass them in unison for the conventional, and this time convincing, final chorus:

FINAL CHORUS

It's over, it's over, the danger is past,
If you've been in Dead Space then breathe freely at last,
But if you've escaped there'll be space for you here
In a vital capacity this time next year.

It's over, it's over, the future is bleak
For when we're made consultants with thousands a week
We won't be lampooned in this ludicrous way
And we'll soon put a stop to the Residents' Play.

That, in bald brief, was the Residents' Play of 1954. Our thanks to all those, as well as the Residents, who conceived it, lived with it, carried it, laboured with it, and finally delivered it ; and to all their predecessors of past years, for they too have contributed. It may be of interest to mention the changes that have occurred in this live tradition in our attempt to measure this year's play.

In this endogenous art-form the main purpose of the plot is to display the staff characters, and this is best done when the setting is bizarre and fantastic, as in the art of the cartoonist. Provided they are attached to reality by some real thread of physical resemblance, expression, or manner, facets of character are often better displayed in improbable or even improper circumstances. Illogical sequence, unrealities of time and space, and the supernatural element are, therefore, accepted and welcomed in the Physiology Theatre. In order to reveal the suspected trends, ambitions, quirks and quiddities of the characters, the selected puppets must band together and oppose in groups—a feature notably and mercifully absent in actual life—hence the need for the heroic side, the villains, and their stooges. A contemporary element, a current trend, fad or idea—parochial or national—gives a contemporary flavour (as in the panels of the externs' room), and this must be reasonably related to the characters selected for display. Lastly the pantomime and buffoonery of these characters must be played against an overall backcloth of Guy's as a whole, with its nursing staff, its technical staff, its patients, and its work, for without this, they are nothing. This is not an easy convention and it is in the plot that most authors find difficulty or fall short, particularly at a first attempt. In this exacting test, the new authors, Michael Hall and George Scott, were very successful, for all the conventional elements were well blended, and the plot worked. Loose ends there were and the carping critic would have had more time to spot them with less finished players or a less able producer. Here the authors were very well served, but the impetus was theirs, for the play started quickly, kept moving, and stopped in time. Every scene ended with a dramatic curtain, and their plot was convincing.

In the script the authors fill in the contours of the characters selected for display, but also comment on the changes, interchanges, deficiencies and even grievances of hospital life ; this is healthy, for balance and good sense may be better obtained by the jester's balloon than the chairman's hammer. In this play the character parts were well served by the dialogue with one exception, MacTeeth, and a likeness was never lost through the wrong lines ; the outstanding example was Shrink who said either what the real character has said, or would say, or ought to say. The satire on hospital life was well administered, and the jokes plentiful, both those which cause a few susceptible or knowing diaphragms to quiver, and those of wider application which cause a general laugh ; the latter were most in evidence this year—particularly effective from the trenchant Hoodwink—and the hackneyed and conventional cracks were happily absent. In script as in plot, the new authors scored a big success.

Guests from outside the Hospital who enjoy the play (and they do despite an ignorance of the essential feature of the character parts) are mostly impressed by the music. They are not surprised that Guy's can produce wit, they are agreeably surprised that a small and changing group of doctors can put it over, but they cannot understand how this can be displayed each year with original music. It is indeed remarkable, and yet it goes on. This year the music was provided by Mike Hall, one of the authors, and Michael Vickers and Geoffrey Baker, the accomplished pianists. With three composers one might expect to find unevenness but the standard was uniformly high. Perhaps there is now a need for more than one composer, for in later years there has been more diversity in the music, and more ambitious effects have been successfully added to the traditional character songs, choruses, and love duet. Some may look back with regret to the simple and tuneful impact of some of the pre-war songs which sent the audience away humming, or thinking they could hum, a ' catchy ' tune. But this change is not confined to Residents' Plays and the old and revered composers did not attempt, and had not the residential material, for the effects we saw this year. The *tour-de-force* was in the Dental Extraction Room where the action and plot were conveyed for more than half a scene musically, but Hauntz and Poland singing Gilbertian stanzas against each other, and the mumming extravaganza in the Space Song, were also beyond the scope of earlier plays. Not that the composers' success was limited to these, for they were equally successful in combination with the lyric writers or subordination to the authors. The gramophone discs show that there was no lack of tune and a great deal more than tune ;

the songs come over well—Hauntz's song is particularly good—and are well recorded, the only disappointment being in the accompaniments.

The lyrics of George Scott and Pat Montgomery speak for themselves in these pages. They read as though they were meant to be sung and in the play they were most happily wedded to the music. Montgomery's contributions to the play have been a feature of the last few years and his outstanding talent and distinctive style in light verse are diagnostic, even when he masquerades as a Peripatetic Correspondent. We have been fortunate that there have been residents who can put over his tight-packed and tongue twisting lyrics. That Scott could provide the more straightforward lyrics without invidious comparison is high praise.

If one is to fault this year's play, and it is difficult, one can say that the character parts were uneven. To achieve success several ingredients are needed :—physical resemblance not only of face but of build ; close observation and production of mannerism in gesture and voice ; the right lines to say ; and, what is often forgotten, a reasonable part in the play. Success, therefore, makes demands on author, producer, make-up expert, as well as the actor. Let us assess this year's performers with these points in mind. Shrink had them all, and Mr. Lawrence's part will certainly be added to the small but growing list of perfect characterisations. The physical resemblance was not very close even with skilful make-up, but the moment the actor brought into play what he had so perfectly observed, here was the real person moving and talking ; particularly talking, for the voice wasn't *like* Shrink, it *was* Shrink. The lines were absolutely in character, the part in the play was in keeping, nor did the actor or producer allow its obvious success to upset the balance. The result was a perfect likeness, convincing, amusing, and wholly endearing. In addition to his fine acting Mr. Lawrence has a natural singing voice which must have pleased even the exacting ear of his prototype. Mr. Kerr as Hoodwink gave another excellent impersonation. He made every use of a striking likeness and his acting was equally convincing when he was merely an onlooker, when going through the mangle, or when timing and forcing home the telling remarks he was given : he also merits additional praise when we remember that last year he was a sprightly sister and that this year as President of the Residents he led a very successful team. Mr. Tudgay showed how a careful study of a character can overcome physical handicaps, for although a good head and shoulders too tall, he conveyed to us the essential Professor Dead, and scored every point in the sympathetic and important part the authors had provided. Mr. Stewart had a very difficult task for he looked nothing like Dr. Fishop, and it was only in the last scene that one or two mannerisms, out of many, were added to lines which were always reasonably in character, and he approached the life ; lack of observation and coaching here produced an Endocrinologist rather than Fishop,—but the acting itself was good. Mr. Brooks on the other hand, looked like Block ; he was given a Block-like part, and played his part well, but a few obvious gestures would have added so much. It was a good idea to portray a member of the Dental Staff and Fansie was an excellent choice, which Mr. Evans fitted perfectly and portrayed admirably both in action and still life. Mr. Biddle was sufficiently like Dr. Waterfall to carry, with an excellent ' feed ' in Mr. Wilson, a whole scene by himself. The peak point was his song which had the audience hammering the desks to see if he could do it again ; and, of course, he could. It will be long remembered. The part of MacTeeth went astray as these ' supporting roles ' occasionally do; the authors find the part useful for the plot and the character they start with gets lost in their machinations. In this Mr. Kenmuir Evans served them very well, but he could so easily have served us better if he had been allowed to convey something of the real person. There was a very reasonable likeness, particularly in the hair, but he was made to give something between a progeria and a pre-senile dementia of MacTeeth. Afraid to be on the moon ! Surely no member of the staff would get more amusement, more amazement, more kick out of it, and certainly a scientific and instructive film. Now to the villains. Mr. Crawshaw took every advantage of the profile that was given him and conveyed more than a profile of Poland, though he was not over supplied with personal material. He had to carry the weight of the sinister side and if this important part had miscarried the play would have suffered badly; a difficult task, made to look easy by a first-class performance. The part of second or stooge villain is as rewarding as Second Gravedigger, or Third Murderer, and in this unenviable position Hauntz as a character was a complete misfire. Lack of physical resemblance was made worse by a repulsive make-up and a villainous representation, and in order to further the powers of darkness in the plot, the sight of the character was lost. Someone has to be sacrificed to the plot, all are fair game. None should mind being hurt a little; that is part of the game. But this, we suspect, hurt the audience a little, which completely spoils the game. No blame to the actor who played it with zest and conviction, and we wish that we could have seen Mr. Calne's obvious talent and excellent voice in a more successful part. Nor does it seem to this critic that recent authors are so consciously biting as they used to be, and malice is more often unpremeditated than consciously vicious. It is also better that occasionally an individual should receive too sharp a bite than the plays should lose their bite; better that they should die. It is in fact remarkable how often the happy combination of offence without offensiveness is achieved, and it was happily summed up this year by Shrink's 'Have I been terribly naughty ? Oh dear !'

The hero and heroine this year were better than any we can remember. Mr. Mallett, a very susceptible hero, kept our sympathy even when most inconstant, and our interest despite early reconcilement. Not such a long part as last year, but a difficult one, which he took in his stride, and he was also responsible for the polish and finish of the production; a fine achievement. Last year we had for the first time a real heroine, played with charm and attraction, so that Mr. Barrett had an exacting task in returning us to the male heroine; for it needed more than the stock antics of the female impersonater to convince us that the tradition was right. He succeeded, and delighted. It was a perfectly controlled and exciting performance and it shows real dramatic talent to convey in successive years, in the same body, the sinister sleuth Stripsem and such a very sweet girl, such a real poppet. The dental siren, Pinkie, was an excellent idea and Mr. Pigott seized it with all he had, which was a lot, much more than we could have dreamt of—one of those unpredictable successes that crop up in the plays. He was modelled on the most modern screen blondes that gentlmen prefer, but there was more than a touch of the Serpent of Old Nile at her most riggish. This excellent trio added a great stability and colour to the whole play.

The portrayal of individuals of the Nursing Staff—choruses of nurses and the memorable 'sisters of the sick' were unspecificed features—used to be a rare event and compliment, but it is becoming a hardy annual. Though it is still a compliment, it must put a rare strain on the lady concerned, for naturally impersonation by a male resident cannot be accepted like the other character parts, and must inevitably tend to caricature. Though this must mean some misgivings nowadays among the ranks of blue as the play approaches, and an evening's ordeal for the lady selected, it is clear to the rest of us that the residential bouquet is given with kindness, and respect. It also puts a test on the good taste of the actor concerned, for it is also a difficult evening for him. Mr. Bishop was excellent. He produced an amusing, restrained, and likeable, if not life-like, picture, and he would, we feel sure, be acceptable and well received, even during the patient's meal times.

We have already spoken of the individual success of the three Nuffield characters. Messrs. Vaughan, Moore and Farrell, could each act, sing and dance, and their combination was one of the brightest, and all too brief, lights of the show. Mr. Farrell also combined the glamour of a star at the Astor with the common sense of the leading lady of the Laundry. His colleagues—Messrs. Fuller, Jemson, Longmore, Moore and Zilkha gave an opening punch and set the pace of the play. Here it seemed were a team of reserves who could have been called upon for bigger parts, had they been needed. Finally, Mr. Wilson made a real study out of his small part—the very Bottom among ward-clerks—which could not have been bettered. The excellence of the minor characters was a feature of this year's play, and there is no doubt that the standard of residential acting is higher than it used to be. One major change has contributed to this since the war.

There used to be only seventeen Residents, and every man jack had to be found some part and appear on the stage. Today, when every house-officer living in the college is a resident, the number is doubled, and though they may rightly complain that their room is overcrowded, they are at least spared the annual dramatic press-gang. In consequence the general level of acting has improved. The phenomenon of the unwilling, stage-shy, or tongue-tied victim used to be a recurrent problem. The author had to devise a number of unimportant parts, the producer often needed more patience than the trainer of performing seals, and 'on the night' the ordeal of the unwilling victim necessitated a correct dosage and controlled Anaesthesia, while the author and producer suffered recurrent states of Acute Anxiety. The role of actor-producer—so successful this year, would have been impossible in those days. The authors now are given greater scope in their choice of characters and originality of their supporting parts, and that the actors are happy to be in the play makes for an efficient team. In addition, it is now possible for a resident to be in more than one play and this was well shown this year, with three accomplished second appearances. We are in consequence treated to much more finished acting throughout the cast and this was particularly so this year. In fact the emphasis was on swift and smooth production while some of the character parts could have done with more attention. Because we feel that these are the essential and most important feature of the play, and as they could carry it in a year when a less efficient acting team is available, this is our one major criticism.

The flourishing Theatre Club has greatly increased the finish and augmented the glamour of the play in recent years, and in thanking this body as a whole we thank all the individuals who worked artistically in the dressing room, noiselessly behind the stage, efficiently with props, and brilliantly from every angle of light; their labours in setting the stage include weeks of preparation, and the thankless days after of clearing it. In supporting the Residents' Play they annually add to its appeal, and we hope in return that their own finished productions are equally loyally supported. We were particularly glad that Mr. Hunt was given more scope this year with the decor; we admired it all and his moon well repayed a visit. The choreographer, Miss Audrey Long, shall not be forgotten and if in early rehearsals she must have sympathised with Elephant Bill, the finished prancings of her pupils must have gratified her as much as they pleased us.

How does this compare with last year's or previous plays, is a difficult and tiresome question often asked. This critic has no answer. If there have been bad years, he has not seen them and the wonder is that the high standard is maintained. It is obvious that some years are not quite as good as others, and though passing years and experience gives that perspective it also gives forgetfulness of which those were. Anyone looking back and maintaining that one particular year was the best should be suspected of personal bias, excessive nostalgia, or senility. Let us leave it at that. At the moment this seems the best, as it is just over; it will certainly be remembered as one of the best, which is the highest praise possible; if it can be bettered, it is up to next year's authors—and we hope they'll be the same. Our bet, and it is nothing more, is that it will be most remembered for the triangle of hero, heroine and siren, the Space Song, the Waterfall patter—and Shrink, And for all we received and hope to receive, we are very grateful.

C.G.B.

RESIDENTS' PLAY RECORDS

Although the original supply of records of the Song Selection has been exhausted, we are still receiving orders for them.

It will be appreciated that to offer them at 20/- for two 10" records again, it will be necessary to order a considerable number, involving a financial risk that can only be taken if there is a reasonable security that they can be sold.

We are therefore taking this opportunity of inviting firm orders, preferably with remittance, on the understanding that if insufficient orders are received within 4 weeks, all orders will be cancelled, and all money returned.

Orders should be addressed to M. D. Vickers, c/o Guys Hospital or "Records," c/o President of Residents, The College, Guy's Hospital.

Thirty Years Ago

From Guy's Hospital Gazette, 15th March, 1924.

Guy's Hospital v. Bart.'s. Semi-Final Cup Tie. . . . In 1904 we fell from the proud position of Cup Holders, the year that perhaps our greatest player E. Morgan was captain, and London were our conquerors. An equal struggle for supremacy between London and ourselves went on, they holding the supreme position alternately with ourselves till 1909 came along, then 1910, 11, 12, and 13, each year we retained the premier honours, till 1914. London again tumbled us out of the leading place. Then came the war, and no more Cup Ties till 1920. That year and 1921, 22, 23 again we topped the pole, and now, another 4, mark you, 1924, Bart,'s have in the semi-final given us our quietus, and not becuase we are out of it do I praise our opponents, but because no man could doubt that they were the distinctly better side.. Never did we look like getting a try ourselves . . . our splendid three-quarter line was no use ; you must play with the ball, and this they never got . . . W. D. Doherty played himself to a standstill, he flogged himself and his pack to the end, but theirs was a hard furrow to plough . . .

(In 1934 and 1954 Guy's lost to St. Mary's in the replay. The melancholy precedent of 4 s remains unbroken.)

OBLIVIA (1)

By Q. S. GABB

THESE jottings were made during a long illness, in the hope of interesting my descendants, but it soon became evident that the cliché about prophets is true with emphasis, in reverse, of those suffering from anecdotage. So thinking that two female and three male generations of Guy's might entitle me to some consideration, the softer side of the Editor (heart, not head) was approached. He considered that most of his subscribers are "chronics," and pay by Bankers' Order, and charge their *Gazette* against expenses for Income Tax. He decided to give me a trial run.

My father was no mean athlete at Guy's a hundred years ago, and none of the name survive into the fourth generation, owing to lamentably early deaths among adult males, reluctance to abandon the bachelor state of others ; and among the more enterprising, a spate of unbalanced girls—well, you see what is meant.

My birth plunged the family into consternation : there were as many views about me as people in the house. My mother was forty-five and there had been six predecessors (not wives), so that some thought the newcomer surplus to requirements. Alternatively, I had been invoiced as part-replacement for two sisters recently dead of Scarlet Fever ; so I was the wrong sort. Then, I was wanted, if at all, for Christmas, and arrived four days late, just when presents pall and enthusiasm is wont to wilt. A defect in one foot raised the question of my even being kept, and finally there was my brother. It was a very horsey family, for before the days of motors, four were kept for the practice, and in addition four hunters were exercised at unearthly hours in the morning in beautiful dark blue rugs, with yellow trim and my father's J. W. G. on the port quarter. There was the rub.

When it was realised that, if kept, I should have to be baptised, and why not John, furious opposition arose from the heir, his plaint being " He'll get all the horse-cloths." He was then fourteen, and our father in the very prime of life, so he was taking early the long view. However he won his point, and after a hunt through ancestral centuries, I became a recurrent Quentin.

Enquiry suggests that people vary widely as to what and when they first remembered, though the man who distinctly heard the nurse say—" It's a boy " was perhaps exaggerating. Among my earliest was Nannie's brooch, a crown piece contrived so as to be reversible, so that when Queen Victoria palled (if such a thought had been permissible in those days), and when conduct permitted, the thrill was to swivel her round and watch the appearance of the much more exciting St. George and Co.

At about two, I was introduced to the sea at Brighton and it was then that it became clear to my mother that I was to be a genius as a descriptive writer ! Being short-sighted, though nobody knew that then, my attention was caught less by the immensity of the prospect than by the behaviour of my immediate environment. There had been quite a gale and the resultant rollers were coming in and breaking with complete regularity. The infant genius remarked, " Big mouf—seepy." His vocabulary had not yet acquired " yawn."

After a very early tenotomy for talipes I was in plaster, and subsequently irons for a long time, and there was a memorable trip to London, *ætat* about five I think, really to see Sir Henry Morris, that prince among Orthopædists ; for which mildly unpopular pill the current jelly was the Drury Lane Pantomime, " Aladdin," with Dan Leno as the widow, and Herbert Campbell. I still recall the ballet of lovely chinese patterned vases. The harlequinade failed to please. They seemed unkind to Pantaloon—or, if the poker was a dummy, just silly. Could I have been a budding prig so early ?

I evidently met a novel germ, as the sequel was an all night sitting by my father, with a tracheotomy outfit; a trying night for him, but I was too ill to mind; a comforting thought, for, like most old-timers I have had to do the same, and have always hoped that the prospective victim did not realise what was, or might be, pending. With no motor ambulance, and the nearest isolation hospital twenty-miles away, the journey might well be more lethal than domiciliary surgery. The difficulty as always being the after-care.

A landmark, from about seven years of age, was the aftermath of Sunday dinner, to wit, a liqueur glass of port, and at least half an Egyptian cigarette

(Nestor Gianaclis). This was probably good " psycho-thingummy " long ahead of its time and before the technical terms had been hatched, for never after was I tempted to smoking behind the " gym," nor, apart from student celebrations, too much alcohol. It just was not a clever novelty and held no lure.

Less well contrived was my introduction to the top of a horse. It was overlooked that the ears of very young children are particularly sensitive to sudden changes of position. A doctor has said on the radio that they aren't ; mine were. The head groom took me up ; there seemed to be no handle, and I had hardly any thigh grip. The doting man was so keen to show off the prowess of his mount, that we dashed straight into a gallop and mine were all the discouraging preliminaries of sea-sickness. It was years before I felt any urge to try again on my own.

I much preferred trains, faster but less sudden, and had a privileged position at the station, as my father had given the first Midland Railway St. John's Ambulance lectures at Bedford station and was very prominent in furthering the project. His magnificent work was only recognised in time for his decoration to lie on his coffin.

Even in 1890 the expresses from Nottingham used to average almost a mile a minute, and I watched those gloriously befurbished glowing red engines come tearing through to my heart's content. One minute late at St. Pancras was almost a case for " Hara Kiri " for the proud driver. Later came objective memories of a tremendous County Ball, at which my sisters were to become dechrysalised : you just did not exist in those days until you were " out."

Every closed carriage within miles was chartered weeks in advance and in the afternoon of " D " day, intelligence learned that our transport had failed. But my mother was not easily daunted. You could not " come out " at any old function, NO MADAM ! Nor were two satin ball-dresses to be wasted. They could not of course possibly be worn in public until the wearers had been hatched. Somehow, therefore, irreverant hands acquired lease of a shillibier, a contraption accommodating the coffin behind the driver, with a sort of wagonette behind for the mourners. Arrival at the Assembly Rooms was not unremarked, especially as one girl trod on her unaccustomed long skirt, and became prone on the pavement, to the immense satisfaction of a local Cassandra, who remarked, " What can you expect if you go to a ball in a hearse ?"

About that time a very unwise financier put a pair-horse 'bus, a two-decker withal, on the local streets. Even before I began to " help," almost no one ever rode in it. The conductor had a passion for our cook and in return for certain unobtrusive services rendered, and when I could escape from those who would instruct me, I assumed duty as his assistant with a hunting horn. People, we argued, would know we were coming.

Very soon thereafter it became a choice for me of lethal chamber or prep. school.

Arrived at the latter, most of the term was occupied in collecting the diseases of which a rather secluded life had hitherto deprived me. I was put into a train for Euston the day before the eve of Christmas in a real " pea-souper." Being delayed at Willesden we were run into by a goods train. We need not go into details, but what strikes me as very odd, is that although an admitted coward about what MAY happen, I was entirely unafraid when something so definitely did. Four hours later in bitter cold a relief train decanted us at Euston and I managed to get a " Hansom " to grope its way across London and arrived in the Midlands in time for dinner.

My elder sister had been sent up to meet the little dear on his first solo journey, but the confusion was such that the only way to find out where a train had come from was to ask the engine-driver, and in doing this she had spent her day. We had no telephone in those days, so she arrived home at 3 a.m. to announce my undoubted demise, only to be greeted with news of my survival. Relief could hardly fail to be tinged with exasperation, but she managed with much self-control to let the former emotion appear dominant. Talking of railway accidents, is it a fact that people knocked down by engines nearly always lose their boots in the process? A very experienced railwayman told me that was his view, and I have been reliably informed that racing motorists running over the banking at Brooklands exhibited the same phenomenon.

Thinking too of the small effect on children's minds of situations which rather shatter many of their elders, I remember asking a small boy who had just emerged from a small hole, having been blown through two floors into the cellar, with a carolean four-poster turning over on him in the descent, and so holding up the remains of the house, " Were you frightened, sonny?" " No," says he, " I did hear a noise and woke up in the cellar, and wondered how I did get thurr."

That festive season brought me two little hortations burnt with a skewer on bits of wood, intended for the wall at the foot of my bed. One said " Don't worry, it may never happen." The other " I need not be as disagreeable as I feel." Not a very nice child.

Three pieces of advice I had from my parents. From father, " Don't get engaged till you can keep her." From mother, " Never refuse a good offer." And " Always go while they still want you to stay—if ever." Eternally appropriate?

Those holidays brought me my first experience of fire. A breathless messenger arrived, " Doctor, come at once ; the village is on fire." So used was this traditional Guy's man to shouldering the burdens of all comers that it did not occur to anyone to suggest trying the fire brigade. When he got there a very fat man was found causing mutual inconvenience by getting stuck half way down the communal well. It turned out that they had sent for the right man after all, for a row of 16th century thatched cottages go very well when once alight and by the time the horses had been caught and the engine trundled out three miles there was nothing for the Brigade to do but celebrate.

My second term started with an epidemic of jaundice and I found myself isolated with a sort of moron of thirteen, weighing about as many stone, who spanked me with a slipper very heartily as routine every morning and made me undertake any menial office that occurred to him. He had a nasty and ingenious mind. He also appropriated any fruit or convalescent delicacy sent by my doting mother, but at length the nurse must have heard the spanks, for she came in briskly, took one look at my rather discouraged little bottom, and shortly after my fellow inmate disappeared, never to return. It was only to be supposed that Nurse—evidently not Guy's trained—had never previously washed my back.

From reading the press one would suppose that this childhood unpleasantness should provide a good excuse from being hanged, in case I happen to commit a murder or two. I think it did me a lot of good. If so many murderers have no idea what they are doing is wrong, one wonders why they seek the privacy of a dense wood ? Why avoid the High Street ?

In the holidays there were the Woodland Pytchley Meets. I preferred a bicycle, the more so after the occasion when my sister on a rather excitable little mare, " Tourmaline," encountered a steam-roller, then a rarity. She was abducted at speed and found herself arriving furiously at a crowded meet. Just in time she saw salvation in an adjacent haystack, and with some luck and a lot of skill and presence of mind, steered for it at a slant, coming off with a considerable shaking, while Tourmaline made for home, under—literally—her own steam. Congratulated later, she confessed that she had been far more frightened of what Lord Lonsdale would say (and how), if she crashed the meet than of anything else which might happen to herself. Fear seems to be a relative affair, and the treatment, to provide a more dominant fear ; sort of inverted homœopathy.

The foregoing did nothing to dispose me favourably towards equestrian transport, but presently it became evident that it was expected of me not only to be wishful but automatically and congenitally able to accompany a horse. Nobody ever offered me any advice, and I was far too ashamed of needing it to ask ; and so it came about that one day I found myself saddled with Kitty Grey, or perhaps her for me.

She was one of the most obstinately determined females I have ever met. It was concluded that one of her previous jobs must have been in a circus, as a " clown-frustrator." She had endearing points ; one day someone was taking a snap in the paddock, and just before the shutter clicked, there was her grey head nuzzling my shoulder.

But one day she frustrated the head groom, and was seen no more. Thereafter came promotion to exercising the really magnificent beasts which made a habit of winning the jumping at the Hunt Show. They realised at once that my chief ambition was to go, wherever we did go, together. I was often run away with and once swept off by contact with a branch, but never more than half killed ; and for the sake of the family honour, of which we were fully conscious, we always contrived to appear in close harmony (NOT that awful noise) as we came home through the town. It must have been an answer to fervent prayers that we never met a motor car. Naturally it never occurred to me in 1914 to join a Mounted Regiment, but, like my friend whose life study was tropical diseases and spent the last war in Iceland, I was posted to one. The joke was redoubled because, as M.O. to fifteen scattered units, Division supplied me another mount, to " run concurrently," like other sentences. Fortunately they also supplied, with all the generosity of 1915, a car, chauffeur, and AMBULANCE, which could always be detailed to follow, when I did ride the horses (not meaning a circus act).

Arriving at a public school with a broken arm was poor fun. The " little skunk " won't play rugger and had the nerve to land above the fagging line. Let him do ALL the fagging. But one lad had a worse time than me. There is a garage on the edge of Dartmoor, the Peamore Garage, and this boy bore that good old English and perfectly physiological name. His parents were both endowed with a scintillating sense of humour, but one does not see one's children objectively. They called the first one Winstanley C., though a little " initial " thought might have reversed the order without loss of euphony. This the school accepted as just " one of those things," to be overlooked in a first-rate athlete. But when the second son arrived, plain " Iain," it was regarded as a challenge. A little is a good thing, but too much is enough. The poor brat wished he had never been born, or anyhow not christened.

The Spring term started in deep snow, and all novitiates had to negotiate en toboggan an extremely abrupt little tump, which tended to precipitate "baby, cradle and all " well into the middle of the most formidable thicket of thorns one could wish to avoid. A flair for steering inanimate vehicles somehow enabled me to make an extreme marginal landing, and after being thrice put to the ordeal—(as with hanging)—I was reprieved, but some of the poor homesick little brats, in shorts and thin jersey spent a good part of a truly sanguinary afternoon in agonies of extrication.

It sounded lovely, as per prospectus, to have our own studies, till we found it was treasonable to shut the door. It seems possible that the value of sojourn at a Public School lies not so much in academic directions as in learning to mix, in discipline, responsibility and playing for the side alone. We didn't hoot the referee, however misguided, especially as he was usually a master. I hear they shoot them in Rio. Some ass left open the gate of the practice nets. The culprit failed to own up, so the whole " lower passage " were beaten, suspects the hardest, so that tho' an attempt was made at some sort of justice, it did not " appear to be done." Rough justice, and doubtless we all deserved it for other misdoings. How utterly sick we mostly became of cricket six days a week. There was a huge Norman pillar in front and slightly to one side of the Headmaster's desk and the form used to sit just clear of it. One day I had done a worse construe than usual, and the great little man, who had a flair for bizarre punishments, ordered " Out of my sight, boy : don't offend my vision: remain in merciful oblivion." Which I proceeded to do for nearly six weeks. But finally becoming more afraid to stay there than to come out, I ventured a discreet—I hoped—cough. The boy who used to sit next to me has been for years Recorder of a famous Borough. He was of opinion, and unkindly said so, that on that occasion justice did appear to be done.

About then I had my first and only day's fishing. A punt was hired and with a companion I caught so many perch that we had to return them to their muddy home. This seemed a mug's game, and I have never wanted to fish again, regarding anglers as in the same sort of class as Religious Maniacs ; but time had passed quickly that afternoon and we had missed the last train home and had nine miles to traverse. Ultimately I threw some grit at my sister's window and she let me in with the caution " You'd better be pretty quiet—father says, ' If he isn't drowned, I'll beat him '." Morning brought my lucky day, for Lord Lonsdale sent for him early—nine miles away—and when he got there he often found he was wanted more for his company than his medicine.

One night he was sent for in the evening and found his Lordship lonely, wanting his companionship at dinner, and in particular to listen to his private band which had arrived down from the North. That particular visit had an unusual ending. My father was made to stay the night and when morning came his Lordship was in penitent mood. He felt sure, he said, that father had worn out a good horse in obeying his frequent summons, and would he come round the stables and " pick a good 'un " and drive it home. His own horse should follow with a groom. It was mother who held that one should " Never refuse a good offer." Her advice was remembered, and it *was* a " good 'un." When time came to leave school, the H.M.s parting words were, " Sorry you're going ; not REALLY a bad boy ; pity—straight to hell !" " Part of the great pavement." Not having as yet encountered the tag about " good intentions " this startling valediction did little to soften the pangs of parting. Donning the old school tie did far more.

A bicycling tour from the Midlands along the coasts of Dorset and Devon in that summer was notable for our only seeing about half a dozen motor cars a day ; though there was a railway accident at Slough. The sage that pronounced that transportation was civilisation might wonder on any main road today. Rude manslaughter is suggested as a better contemporary description. But in those days the worst thing at all likely was a puncture.

We arrived one evening after a long ride in great heat at Lyme Regis. There was not a bed to be had in the place. Perhaps the road over the top to Seaton is not really a climb of 1000 feet in two miles ; it seemed more. Arrived there, at that time an insignificant village, a tiny pub was persuaded to find us beds and a couple of eggs for supper. We were restricted by financial considerations to the purchase of two drinks per day. Desperately empty, tired and thirsty, a pint of cider rendered me in ten minutes quite unable to stand up. It was a new experience but brief. Supine on the beach the incoming tide and urgent hunger had me roused and responsible in a quarter of an hour. Cider is funny that way. I was once privileged to take a superlatively well-nurtured damsel to a Hunt Ball. After several dances in a hot room, and half a pint of cider, alleged soft drink, she was briefly throwing bread at the M.F.H. I felt like Azazel.

The question of how long to spend on Classics for a student who hopes to earn his living in science plus art, is much debated. Life as an undergraduate was almost too strenuous for me, since the last two years at school had been devoted almost entirely to Classics, when my future medical colleagues were qualifying for the First M.B. Catching up was impeded by love of team games and a phenomenal facility with a canoe paddle. The teaching did not inspire much eagerness and I seemed always to be working for two or more exams at once. I learnt far more in much less time at Edinburgh during the long Vacs. Perhaps there were less distractions. (Scots papers please copy).

For better or worse I started the 'Varsity Hockey League, the contests being usually notable for more vigour, and at times bellicosity, than skill, but providing splendid practice for a referee. Perhaps a more legitimate ground for pride was organising the first two Cambridge Wanderers v. Oxford Occasionals matches, backed and encouraged by the great H. M. Tennent. But for any advantage from the Classics, I forfeited a great many of the privileges of University education in the wider sense, and I would probably have done far better to go straight from school to Guy's, for the life of a rural G.P. makes it nearly impossible to keep touch with many of one's college friends.

For me, as for most of us, the entry into Guy's was the great turning point. What a thrill to be turned loose on a real human being and examine him from the texture of his hair to the tinea among his toes. And the lesson to be thorough because the symptoms complained of are often not the most important, and the obvious signs never the only ones, persists through life. Which is just as well, for bad doctoring is mostly a corollary of sloppy examination. And that incriminates the authors of the National Health Service which allowed about five minutes for examining a patient if one hoped to get a living in the process.

Doubtless things at Guy's are much the same now. We were taught, too, the vital importance of really taking the history. Patients are so very apt to answer either *NOT* the question you ask, or your exact question, but not your meaning. A few weeks ago a very senior practitioner was much puzzled over a patient complaining of enuresis in the day time, but absolutely denying that he " wet the bed." He *NEVER* did. The young trainee from Guy's was turned on to help with a diagnosis. He too assured the patient that he was not in the pattern. Was he really continent all night ? Did he never get up at all in the night ? Did he never wet the bed at all, nor suffer from not getting relief ? No, he *never* wet the bed. He had told the " old Doctor " so. How could he ? He *ALWAYS* slept on a waterproof sheet !

But who can do justice to Guy's ? It holds within its hoary walls most of what is best in life and there is always something profitably to be learnt, or anyway observed, by day and night. The West End and playing fields are just too far away to be a constant temptation ; and further, clad in strangely becoming uniform are three hundred Nurses in the early twenties, pilgrims from all over the world, anxious to learn, and sometimes willing to teach. There were " scions " of British aristocracy and the Church, a perfectly magnificent " Vikinge," or should it be ViQueen, from Norway, representatives of S. America, most of Europe and the U.K. Counties. A songstress from Yspytty-ysywyth—where the lemons grow. And a Chinese Princess. I often think of her and the Proverb she wrote in my Autograph Book, particularly when some Specialists advise on General Practice.

"Wisdom without learning is impossible ; Learning without Wisdom is dangerous." I expect Confucius said it first.

There were amusing incidents. Doubtless some still recall the lofty damsel, seeking the House Surgeon in urgency, whose dainty but definitely peering head appeared above the screen, where a very forthright surgeon was demonstrating something rather intimate. He said, "Go away, immoral giraffe." That was just a probationer. But there were, perhaps as now, Sisters than whom one would prefer to inconvenience a disgruntled hippopotamus. One expressed a hope that I should wash my hands before doing a dressing. Time flew, and in no time we found ourselves with beds allotted, and gaining queer but valuable experiences. Do they track Night Sister by radar now, or is it still the old reliable "grape vine." I hear the Niggers are extinct. The Residents Play migrated from the "Court Room," I think in 1906, to the Physiology theatre. In 1907, the Residents, of course then an austere and reliable crowd, were invited to a dance in the Nurses' Home. Gee Whizz ! Fast Work !

I shall never forget being taught the whole science and art of bandaging, in about ten minutes, by Rudy, the most completely concentrated and efficient instruction possible. He taught us also "the methods of using the shoals of quaint instrumental appliances we found in the cupboard of Coles." Was it then that someone told him, when asked about a "bistoury," that it was "two rivers both running together into the sea."

It was one of the great periods of Guy's Rugby. One heard nothing of Rowing, which always seemed strange, with such obvious opportunities. Guy's won the inter-Hospital Hockey Cup three years in succession, and the United Hospitals team was resuscitated, with really very posh colours. We even gained permission to play a match against Middlesex at Lords. With a friend we started out on the Underground but soon found we were going the wrong way round, and as we had to change, thought it would be quicker to take a cab, and do it en route ; so we hailed a "growler," possibly so called from the endless tattoo of the rattling windows, and when about half dressed and in the least public phase, got stuck in a traffic jam near the Bank.

Arriving at the ground shamefully late (my pal being Captain and I Secretary) we dashed on to the field, and I, at outside-left, managed to pick up a pass, which the opposing half had expected to go into touch, and galloped through to score the first goal ever collected on that historic ground. I believe we beat Middlesex and Sussex that year, but were heartily spanked by Cambridge.

REVIEW

Surgery for Dental Students. By MICHAEL WOODRUFF, M.D., M.S., F.R.C.S. Blackwell Scientific Publications, Oxford. *Price* 30*s*.

This new textbook of general surgery for dental students has been written by an experienced teacher who has both his subject and his audience very much at heart. It sets out to propound the principles of general surgery, to provide the reading necessary to supplement the student's clinical experience, and to be sufficiently comprehensive to enable him to pass his examinations. In all these aims it is admirably successful ; no more can be asked of any book. Your reviewer became interested in Professor Woodruff's present work in its manuscript stage and now the final polish has been added he is well satisfied that his favoured yearling will not only prove a Derby winner but that it will have many successful years at stud.

Throughout this book the particular needs of the dental student are kept continually in mind. The subject matter is concise, easily readable, accurate and completely up to date. The early chapters give an excellent account of the principles of surgical diagnosis and treatment, of inflammation, and of injury and repair of tissues. The remaining chapters deal fully with those aspects of general and regional surgery which are included in the syllabus of dental examinations. It is difficult to criticize any part of this book. The text is perfectly clear, the illustrations are well chosen and the presentation of the whole subject leaves nothing to be desired. Basic principles are always stressed and their application to clinical surgery is illustrated in every chapter ; nowhere is this application better illustrated than in the excellent section on chemotherapy and antibiotics.

The book is of convenient size and reasonable price. The publishers are to be congratulated upon a most attractive production. The paper, type and illustrations are of high quality and the whole work will be a valuable addition to the student's library. It is recommended without hesitation to all dental students and their teachers as an ideal manual for undergraduate study and for future reference.

S.H.W.

CORRESPONDENCE

Letters to the Editor of the Gazette

Students in " Digs "

SIR,—I would like most heartily to endorse the plea of P. R. S. Johnson for a residential college for Guy's students. Most of their diggings are approached from London Bridge by the Southern Railway, where the trains are crowded and in the winter apt to be badly delayed. The diggings often offer cold comfort and poor food, nor are they easy to come by. A residence, within walking distance from the Hospital at a pinch, would be an inestimable boon. If anybody cares to start the idea going I will gladly weigh in for my part with a subscription of £50.

Yours, etc.

R. A. NASH.

Hatherly House,
South Molton.

Prolapsed Discs

SIR,—You criticism of "prolapsed disc" (*Passim*, 6th March, 1954) is founded upon a somewhat constricted notion of the meaning of "*pro-*". Surely it is permissible to interpret it broadly as "forth", rather than merely "forward", for while Latin provided many of its roots, the English language has long since blossomed and borne fruit.

With this in mind you will see, good Sir, that "*prolapsus uteri*" (*pro-*, forth; *labi*, to fall or slip) is equally appropriate—though doubtless your patients' relatives would more readily understand a simpler explanation that "mother's got a fallen womb."

Yours, etc.

R. H. R. WHITE.

Brompton Hospital,
London, S.W.3.

GUY'S THEATRE CLUB

PRESENTS

" THE LADY'S NOT FOR BURNING "

BY CHRISTOPHER FRY

in the Physiology Theatre

on

Monday,	22nd	March,	1954,	at	7.45 p.m.
Tuesday,	23rd	,,	,,	,,	7.30 p.m.
Wednesday,	24th	,,	,,	,,	6.30 p.m.
Thursday,	25th	,,	,,	,,	7.30 p.m.
Friday,	26th	,,	,,	,,	7.45 p.m.
Saturday,	27th	,,	,,	,,	3.00 p.m.
,,	,,	,,	,,	,,	8.00 p.m.

Admission is free but a collection will be made during each performance. The Club, however, will be glad to receive subscriptions beforehand.

Cheques should be made payable to " Guy's Theatre Club."

The proceeds of this production will be used to defray the costs involved.

Tickets may be obtained from the Hon. Secretary, Guy's Theatre Club, Guy's Hospital, London, S.E.1.

NOTICE

Subscribers to the Gazette whose subscriptions are due (12s. 6d. per annum including post) are asked to send their subscriptions without an " office " reminder to the Manager, Gazette Office, Guy's Hospital, S.E.1.

SPORT

RUGBY FOOTBALL

2nd Round Hospitals' Cup Replay at Richmond

March 1st, 1954.

St. Mary's 19pts. Guy's 3pts.

Unable to reproduce the form they showed in their first encounter with St. Mary's, Guy's were well beaten in the replay, by a team which should retain the Cup for another year. The St. Mary's backs, getting plenty of the ball, gradually established a control of the game which they didn't relinquish until the last 15 minutes, when a winning margin of points had been built up. Guy's fought gallantly in sporadic bursts, but the forwards lacked harmony and cohesion, and the backs had neither the thrust nor elusiveness to sway the course of the game, individual endeavour being insufficient to counter a determined and skilfull series of attacks. The absence of Fairweather who injured his ankle a few days previously was felt as the game progressed.

Playing against a boisterous wind in the first half, Guy's began well enough, winning the ball from set-scrummages, lines-out, and generally harrying their opponents in the loose. After 15 minutes, however, St. Mary's went ahead when a cross-kick, superbly timed by Cannell flashed across the Guy's 25, and bounced kindly for Evans to take in full stride and touch down near the corner flag. The kick was missed. St. Mary's now attacked with spirit. Campbell and Streule showed quick understanding, plying the backs with a stream of passes. Towards the end of the first half, Davies the full back, picked up a loose ball and from 40 yards landed a prodigious drop-goal.

In the seond half, one hoped Guy's would counter attack, taking advantage of the wind, but straight away Mary's pressed hard, penning Guy's in their own 25, and stretching the Guy's defence to breaking point. They increased their lead when the forwards followed up quickly a high ball which Howells mishandled, Holden touching down and Davies converting. Further pressure resulted in a try by the Mary's wing forward who speedily ran through a gap being over the line before the danger was realised. Again Davies converted.

A late rally by Guy's took play deep into St. Mary's half. Howells kicked a penalty goal and soon afterwards James was all but over near the corner flag, after good combined handling. Just before no-side, Davies completed a fine afternoon's work by scoring from a penalty for a scrummage infringement by a Guy's forward.

For Guy's, Cooke and Pook battled valiantly in the forwards, and Howells was cool under pressure. Otherwise the team were well below the form that they are capable of producing.

Team (as in 1st encounter except Hobbs for Fairweather).
Howells, James, Hackett, Hawley, Thomas, Lindsay, Armour, Van den Berg, Hobbs, Kirkbride, Pook, Meredith, Lund, Cooke, Lewis.

Guy's *v.* London Welsh

At Herne Hill

March 6th, 1954.
Result—Lost 5-3

After this game, the most partisan of the London Welsh supporters were unanimous in agreeing that Guy's deserved at least a draw. The display of the whole team was in heartening contrast to the encounter with St. Mary's earlier in the week. The game was delightful to watch, each side playing fast open football and scorning negative defensive tactics. The London Welsh pack, heavy and strong, began by pushing Guy's off the ball in the set scrums, but before the end of the game, close packing and good hooking gave Guy's more than their share of the ball. In the first half, play swept from end to end of the field each side attacking in turn. Guy's behind the scrum opened up the game with brilliant combined three-quarter movements, Howells often joining in. Several times the luck of the bounce and lack of steadiness deprived them of a try. All the scoring occurred in the second half. London Welsh scored a 'fluke' try when a clearance by Howells rebounded from a player's head and dropped to the hands of an astonished and grateful London Welsh forward who touched down beneath the posts. Davis converted.

Guy's attacked dangerously after this unlucky reverse, Howells combined with the three-quarters to send away James for a capital try in the corner. Howell's fine kick hit a post and bounced out. Just before no-side Hawley ran well and Kirkbride almost scored from his pass. The final whistle must have been a relief to London Welsh. Individually and collectively the whole Guy's side played spectacular and forceful rugby.

Team : Howells, James, Hackett, Thomas, Evans, Hawley, Armour, Van den Berg, Hobbs, Kirkbride, Pook, Meredith, Lund, Cook, Glendinning.

HOCKEY

Guy's *v.* Tunbridge Wells

Result—Lost 1-4.

Guy's fielded a weak team for their encounter with Tunbridge Wells and lost a most enjoyable game by three clear goals.

The game began under wintery conditions with Guy's attacking strongly and with any luck the hospital would have gained an early lead. Play was very even until about ten minutes from half-time when Tunbridge scored three goals in under three minutes. This led to a reorganisation of the hospital team and these changes which strengthened the half-back line gave Guy's a superiority throughout the remainder of the game.

Soon after half-time Hall made a very good run from the half-way line and then passed to Cooke who scored with a first time shot that gave the keeper no chance.

Tunbridge Wells replied almost immediately and the remainder of the game was hard fought but brought no score to either side.

Scorer—Cooke 1.

Team : W. A. Cahill, N. Russell, M. Mackenzie, W. R. O. Eggington, D. R. Lainey, J. Smallshaw, A. Bradley, N. Cooke, J. Cautley, J. I. Millar, J. J. Hall.

Hospitals' Cup

Semi-final, Wednesday 10th March, at H.O.P.

Guy's *v.* King's College Hospital

Result—Won 3-2

On a fine afternoon, and well rolled pitch, this proved to be a very exciting game, and a close call for Guy's.

The game started with King's doing all the attacking. Guy's seemed to have developed a habit of always starting rather slowly, and this proved no exception. After about 20 minutes, following a melee in the circle, King's scored. This had no effect on Guy's and soon a very weak shot, managed to get past the goalkeeper's pad putting King's two goals ahead. Guy's began to improve and the attack moved to the King's goal area, but Guy's, after a number of good shots failed to score. Half-time, King's 2, Guy's 0.

The second half showed a complete change in the game, Guy's being superior in every department. Attack after attack was subdued by the stubborn King's defence, and some very good goal-keeping. However after 20 mins., R. R. Paul, scored. King's now relied on defence and keeping their 2-1 lead, and Guy's did everything to try and equalise. Time seemed to be getting very short and a lot of shots were wild, but with one minute to go J. I. Millar pushed one past the goalkeeper.

Extra time (10 minutes each way) proved to be a repetition of the second half—Guy's doing all the attacking, but an occasional breakaway by the King's disorganised forwards. The winning goal came a minute before the end, when the goalkeeper was drawn out of position, and a good pass found M. F. H. Willis in front of an open goal.

This was an exciting game, but Guy's have played better and will have to do so, to beat Middlesex in the Final.

Final score—Guy's 3, King's 2.

Team : A. Cahill, H. M. Tuddenham, D. Laney, R. W. Elsdon-Dew, D. Linaham, M. Mackenzie, J. J. Hall, R. R. Paul, M. F. H. Willis, J. I. Millar (capt.), N. Cooke.

LADIES' HOCKEY

Guy's *v* Reading Univ. 2nd XI.

At Reading

Result—Draw 3-3.

Guy's did well to draw a hard fought game. This was the first time for some weeks that they met good opposition. However the team rose to the occasion and played well together.

The forwards initiated some good passing movements and always looked dangerous near the Reading goal. Reading scored first and quickly went ahead to 2-0, mainly due to their centre forward and outside left. Guy's equalised and at half time the score was 2-2.

After the break Guy's attacked hard, but Reading scored again, and Guy's only equalised five minutes from the end, Squire putting in a good goal from a cross pass from Maynard.

Goals—Allin 1, Cautley 1, Squire 1.

Team—Bristow, Gallagher, Hutchinson, McNair, Joslin, Platt, Maynard, Roberts, Allin, Squire, Cautley.

MIXED HOCKEY

Guy's *v.* West Middlesex Hospital

Result—Draw 2-2.
Scorers—Allin 1, Eggington 1.

BOXING

The Hospitals Cup was again won by Guy's on February 11th. The result was :—

Guy's, 23 points ; St. Mary's, 18 points ; St. Bart's, 12 points ; London, 6 points ; St. Thomas's, 3 points.

Guy's had thirteen entries of whom seven reached the finals. Of these only two won but this was sufficient to give us a narrow victory.

The finals winners were L. B. Lux (light-welter) who beat W. H. C. Berry (Bart's) after a hard battle and D. A. Logan who had a walk-over in the fly-weight class.

The team was : Heavyweight, J. S. Van den Berg ; Light heavyweight, D. Howard-Allen ; Middleweight, C. J. Wallace ; R. Marks, Light middleweight ; A. H. Atkinson (captain) J. G. Allardice, P. H. N. Davis ; Welterweight, H. P. Rickard-Bell ; Light welterweight, L. B. Lux ; Lightweight, R. A. Peebles, T. M. Winstanley, A. V. S. Jones; Flyweight, D. A. Logan.

A Guy's team lost by 6 matches to 2 against Trinity College in Dublin on February 25th. The match was not so one-sided as the result suggests as all the fights went the full distance and there were a number of close verdicts. J. G. Allardice and R. A. Peebles were the winners for the Hospital. P. H. N. Davis and H. P. Rickard-Bell deserve praise for their good performances.

HOSPITAL INFORMATION

APPOINTMENT

Surgeon Rear-Admiral R. C. May, O.B.E., has been appointed Honorary Surgeon to the Queen in succession to Surgeon-Admiral T. Madill.

UNIVERSITY OF LONDON

Examiners 1954
M.B., B.S. Examination

Applied Pharmacology : Prof. J. M. Robson.
Medicine : Dr. W. N. Mann, Dr. E. R. Boland, Dr. N. S. Plummer, Dr. E. C. Warner.
Obstetrics and Gynæcology : Mr. G. F. Gibberd.
Surgery : Mr. S. H. Wass.

DENTAL HOUSE APPOINTMENTS

HOUSE SURGEONS

May 8th to November 7th, 1954

General Duties
Mr. W. F. Airey
Mr. S. C. Jack
Mr. D. Lindsey
Resident
Mr. R. S. Crisp
Prosthetics Department
Mr. A. E. F. Stearn

ASSISTANT HOUSE SURGEONS

April 1st to June 30th, 1954

General Duties
Mr. L. J. Glowrey
Mr. P. A. Long
Children's Department
Mr. C. P. Briggs
Preventive Dentistry Department
Mr. J. S. Lee

NURSING STAFF APPOINTMENTS

Sister J. Fray to	to Night Duty.
,, J. Hill to	*Dorcas.*
,, J. Jarvis to	Front Surgery.
,, E. Roberts to	York Clinic.
S/N Blandford to	Nuffield House Theatre.

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for a post of **Research Fellow** for work in connection with clinical trials of certain drugs. The appointment, which is suitable for a person who has held a Registrar post and who wishes to spend a period doing investigative work, will be for a period of one year in the first instance. The salary will be up to £1,000 per annum, depending on the experience of the person appointed. Applications, with the names of three referees, should be sent to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **27th March 1954.**

NEW CROSS HOSPITAL

Applications are invited for the post of **Senior House Officer** (£670) at New Cross Hospital. Duties to commence on 1st April, 1954. Applications should be lodged immediately in the **Superintendent's Office, Guy's Hospital.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1.

Resident House Physician (with Casualty Duties) for six months from 1st May, 1954. *Appointment recognized for the D.C.H.* Candidates must be registered practitioners and should apply giving age, nationality, qualifications (with dates) and copies of three recent testimonials, so the Hospital Secretary by **8th April, 1954.**

PASS LIST

ROYAL COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS

Diploma

G. W. Taylor

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
February 1954

Surgery : L. R. Jenkins.
Pathology, Bacteriology and Forensic Medicine : J. W. Kirkbride, R. M. Stewart.
Medicine : J. W. Kirkbride, P. F. Stebbing.
Midwifery : K. P. Walker.

GUY'S HOSPITAL MEDICAL SCHOOL

Charles Oldham Prize in Ophthalmology

Spring Term, 1954

Charles Oldham Prize (£60) :	P. S. Boulter.
Second Prize (£30) :	J. P. A. Weaver.
Special Prizes (£10) :	L. Hall D. C. Linahan D. J. Palmer.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 *line* 2*s*. 6*d*., 3 *lines* 6*s*. *Box Numbers* 6*d*. *extra.*

Ordinary rates :—
1 *line* 6*s*., 4 *lines* 20*s*. *Box Numbers* 9*d*. *extra.*

SPAIN. An ideal holiday on the beautiful Costa Brava. Accommodation in new modern Private Hotel. Delightful surroundings, excellent bathing, resident English hostess. Also a furnished villa, complete with service, to let for weekly or monthly periods. Reasonable terms. Write for Booklet to Hayes, 60 The Upper Drive, Hove, or Phone Brighton 58423.

TYPEWRITING–First class service by qualified typist at economcal rates. Theses, manuscripts, testimonials, etc.—Box No. 33.

Wanted

ASSISTANT DENTAL SURGEON required by Guy's man, Croydon area. Salary according to experience. Generous commission after trial period. Time off for post-graduate courses. Living accommodation not available. Box No. 35.

For Sale

TAPE RECORDER and Five 1 hr. reels tape. Cost over £47. Bargain : £35. Box No. 36.

GUY'S HOSPITAL STUDENTS' UNION COUNCIL

Officers 1954-5

President ..	DR. KEITH SIMPSON
Chairman ..	MR. R. C. MORGAN
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Hon. Treasurer	MR. R. W. SLEE

Editors of "Pulse"

Messrs. D. Parrot and C. Shannon.

—(*continued above*)

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Medical

1st Year	Mr. D. S. Smith and Miss J. Steadman
2nd Year	Mr. H. Hunt and Miss J. McNair
3rd Year	Miss R. M. Harrison-Bloom and Mr. C. A. G. Mackenzie.

Preclinical and Surgical Ward Clerks:
Mr. R. Neville.
Medical Ward Clerks and Junior Dressers:
Mr. K. Tighe.
Obstetric Dressers:
Mr. J. G. Parkes.

Dental:

1st Year	Mr. D. S. Roberts
Preclinical	Mr. A. W. Harris and Mr. J. Trezona
Prosthetics	Mr. K. J. Morison and Mr. R. A. Peebles
Clinical	Mr. R. F. King.

PAPERS BY GUY'S MEN

Brock, R. C. Coarctation of the Aorta. *Med. Pr.*, 1954, **231**, 184.

Cathie, I. A. B. Clinical Pathology in General Practice. Venepuncture. *Brit. med. J.*, 1953, ii, 930.

Cross, W. G. Palatal Root Resection in a Diabetic. *Proc. R. Soc. Med.*, 1953, **46**, 874.

Douthwaite, A. H. How Not to Treat Peptic Ulcer, II *Med. Pr.*, 1954, **231**, 154.

Hankey, G. T. and another. Adamantinoma with Ulceration into Mouth. *Proc. R. Soc. Med.*, 1953, **46**, 871.

Mac Keith, Ronald. Children in Hospital. Preparation for Operation. *Lancet*, 1953, ii, 843.

McKeown, Thomas and another. Observations Relating to the Ætiology of Patent Ductus Arteriosus. *Brit. Heart J.*, 1953, **15**, 376.

Ogilvie, Sir Heneage. How Not to Treat Peptic Ulcer, I. *Med. Pr.*, 1954, **231**, 150.

Siggers, Norman. The Gold Core. *Brit. dent. J.*, 1953, **95**, 187.

Stack, Maurice V. The Organic Content of 'Chalky' Enamel. *Brit. dent. J.*, 1954, **96**, 73.

Thomson, L. C. Three Problems of Vision. *Med. Pr.*, 1953, **230**, 376.

Treadgold, Sylvia. The Use of the Medical Illustrator to Forensic Medicine. *J. med. Education*, 1954, **29**. No. 1 (Jan.).

Tregarthen, G. G. T. and another. A Temporary Dressing for Three-quarter Crown Preparations. *Brit. dent. J., 1954, 96*, 84.

Tulley, W. J. Methods of Recording Patterns of Behaviour of the Oro-Facial Muscles Using the Electromyograph. *Dent. Rec.*, 1953, **73**, **741**.

Vale, W. A. A Fixed Bridge for a Cleft Palate. *Brit. dent. J.*, 1954, **96**, 65.

BIRTHS

BENSTED.—On 10th March, 1954 at Nuffield House, Guy's Hospital, to Anne (nee Campbell), wife of John P. M. Bensted, M.A., M.B., B.Chir., a brother for John.

BUTCHER.—On 11th March, 1954 at the London Hospital, E.1. to Peggy (nee Border), wife of Capt. A. S. F. Butcher, R.A.M.C., a daughter (Marilyn Anne Fairbank).

CARR.—At 5, Goschen Road, Carlisle, Cumberland, on 9th March, 1954, to Joyce (née Boulter), wife of Nicholson Carr, a brother for Elisabeth.

TUDDENHAM.—On 28th February, 1954 at Guy's Hospital to Betty, wife of A. David Tuddenham, M.B., B.S., M.R.C.S., L.R.C.P., a son (Peter David).

MARRIAGE

CRAFT—COLE.—On 27th February, 1954 at Lostwithiel, Michael John Craft to Patricia Cole, S.R.N., M.B., B.S.

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVIII *No. 1714* *3rd April 1954* *One Shilling*

PASSIM

Caedes nulla peior fuit campo nec in Marcio

Angilbert (*A.D. 841*)

THE recent atomic explosions seem to have caused even more of a disturbance in the distant waters of the Pacific than was expected by their instigators. Whether or not the scientists lost control of the tests, we shall probably never know. One thing is sure, however, and this is that with the development of such awesome weapons, entirely new concepts of civilian protection are needed. Seemingly, they are needed very urgently if the recent experience of the Japanese fishermen is any pointer.

The devastation of hundreds of square miles and the contamination with fission products of many more can be caused by *one* such bomb. This takes warfare forever out of the "horse and buggy" days when the steel helmet and the Anderson shelter were the steadfast symbols of Civil Defence (and they were indeed life-saving measures only ten years ago). What have the authorities got for our protection? Or will they think of safety precautions just too late ?

The regrettable fact is that atomic weapons have been invented and have already been used against civil populations. But those were crude bombs, mere toys beside their newer and more dreadful successors which have already, on the proving ground, produced their symbolic shrouding mushrooms. These horrors are probably a part of any new war to come upon us. If such a war should come tomorrow, would one doctor in a thousand know anything about the protection and treatment of his patients?

It is urgent now, if never before, that a large proportion of the funds set aside for atomic energy research should be reassigned. They should be used, not only for the making of new weapons, but for the perfection of protection against the older ones. Every doctor needs to be educated in war surgery of a kind undreamed of by Ambroise Paré and Baron Larrey.

At the end of March we said farewell to two well-known members of the Dental Staff. Mr. G. B. Pritchard, the senior dental surgeon to Guy's Hospital, has retired after thirty-four years service. We publish an Appreciation, kindly contributed by Mr. F. N. Doubleday, on page 132.

Mr. H. H. Kenshole, who became assistant dental surgeon in 1946, leaves us to take up a new appointment as Coroner for the Metropolitan District of the County of Essex.

We shall not trespass upon the Appreciation of Mr. Pritchard except to say here how much we shall miss him in our day to day work at Guy's and how eagerly we shall welcome him back whenever (and we hope it will be very often) he visits us in the future. We wish him many fruitful years of happy retirement.

Mr. Kenshole's term of service has, by comparison, been short, but we shall all retain happy memories of his work here : indeed, senior medical students (to whom the practice of dentistry is more of a mystery than it should be) will long remember the practical demonstrations which he has lately conducted for them with such success in the Dental School. We send him good wishes for his new work.

At the same time we extend a warm welcome to Mr. D. M. Macdonald, who joins the staff as assistant dental surgeon. Mr. Macdonald, who qualified at Glasgow, comes to us from the London Hospital where he has been senior registrar to the Dental Department.

We note with satisfaction that Dr. A. H. Douthwaite delivered a Harveian Lecture at the Royal College of Surgeons on March 16th. His subject was : *The Problem of Duodenal Ulceration.*

A number of distinguished foreign anæsthetists attending a special course which had been arranged by the British Council and the Faculty of Anæsthetists of the Royal College of Surgeons, visited Guy's Hospital on 25th March, where they were received by Drs. P. J. Helliwell and T. H. S. Burns and inspected equipment and saw operations in progress.

Since our last issue was published, the spider's web of scaffolding which has been spun down St. Thomas' Street has reached the *Gazette* office. The renovation of the frontages of much of the Guy's side of the street seems to be going on well. Everything has been performed briskly and in a most businesslike way. However, the appearance of a red-haired Troll-like figure at our Dickensian second floor office window caused a momentary stir on the second day of Spring. Cold reason told us that it was only a workman. But did ever such a pixilated leer come from a British workman?

One of us at least keeps a suppressed belief in the " wee people ". We smiled back at him—it doesn't do to offend the fairies, especially on the second day of a new Spring.

Last week saw the performance of another very successful production by the Guy's Theatre Club. This year their choice was " The Lady's not for Burning " by Christopher Fry. This was an ambitious venture and it was a great success from the point of view of the audience. We hope that the financial aspect was also satisfactory. A review of this play will appear in our next issue.

Congratulations to the Squash Rackets Club on winning the Hospitals' Club.

Spring has returned to the Park and the window boxes are again filled with bulbs. The patients are cheered and even the staff seem refreshed by the sight of a few reminders of the promise of summer.

This month's issue of " Family Doctor " includes an article of some local interest. It deals with the training and prospects of Physiotherapists in general and, in particular, with those of a charming and popular member of the Guy's school. This entertaining article has much advice of value to the girl who contemplates such work.

GUY'S DIARY

APRIL			Exhibition. Department of Surgery. *Surgery of the Testicle.* Exhibition. E. N. T. Department. *Sigmoid Sinus Thrombosis.*
5th	M.	1.00	Dr. Maurice Campbell. Clinical Lecture. *Thyrotoxic Heart Disease.*
6th	T.	1.00	Dr. W. N. Mann. Clinical Lecture. *Pneumonia.*
8th	T.	1.00	Mr. F. N. Glover. Clinical Lecture. *Chronic Leg Ulcers.*
		5.00	X-ray Meeting. Gordon Museum.
9th	F.	1.00	Mr. R. H. Brain. Clinical Lecture. *Oesophageal Strictures.*
10th	S.	10.00	Surgical Departmental Round. Clinical Theatre.

Sixty Years Ago

From Guy's Hospital Gazette, 31st March, 1894.

Pavy Gymnasium . . . The fourth annual gymnastic competition was held in the Gymnasium on the 15th instant . . . The evening will be memorable as being the first occasion on which ladies have been present as guests in the Gymnasium, a number of the fair sex being invited, including the Matron and Sisters of the nursing staff, a goodly number of whom attended. Proceedings began at eight o'clock with exercises on the horizontal and parallel bars, followed by the first round of the fencing competition . . . Dr. Pavy, with his usual kindness, presided and distributed the prizes . . . The form shown, on the whole, was creditable to the instructor, Sergt. Roche, but members cannot expect to do much in gymnastics without plenty of frequent and regular practice, a fact which it is surprising so few Guy's men seem to appreciate.

NOTICES

BIENNIAL DINNER, 1954

Old Guy's men are specially asked to note that the next Biennial Dinner will be held in the Grand Hall, Connaught Rooms, Great Queen Street, W.C. 2, on Friday, 1st October, 1954, at 7 p.m. The Chairman will be Mr. Philip Turner, M.S., F.R.C.S.

Full particulars will be sent to all Guy's men, Medical and Dental, at a later date.

INTERNATIONAL TICKETS

Some of those who have received tickets for the International Rugby football matches have not yet paid for their tickets. The Secretary of the Clubs' Union would be grateful if cheques for the appropriate sum could be sent to him.

We acknowledge with gratitude the receipt of the following of our contemporaries:

Acta Biologica, Annales Medicinæ Internae Fenniae, Archivos del Hospital Universitario, Acta Morphologica Hungarica, Architectural Association Journal, Birmingham Medical Review, British Dental Journal, British Medical Journal, British Medical Students, Journal, The Broad Way (Westminster Hospital), Cambridge University Medical Society Magazine, Canadian Dental Assocn. Journal, Canadian Medical Assocn. Journal, Charing Cross Hospital Journal, Clinical Excerpts, Conquest (Research Defence Society), College of General Practitioners (First Annual Report), Dental Nurses' Journal, Eugenics, The Health Education Journal, The Hospital, The Hospital and Social Service Journal, Innominate, King's College Hospital, Lancet, The London Hospital Gazette, Lotta contro la Tubercolosi, Manchester University Medical School Gazette, Medical Times (U.S.), Medical Sickness Society, Medicine Illustrated, Memorias Do Instituto Butantan, Middlesex Hospital Journal, Nagoya Medical Journal, Newcastle Medical Journal, New Hungary, The N'Ion, Northwest Medicine (U.S.), Nursing Mirror, Nursing Times, Osaka Daigaku Igaku Zassi, Oxford Medical School Gazette, Pharmaceutical Journal, Practitioner, Postgraduate Medical Journal, Queen's Medical Magazine, Revista Medica de Hospital Obrero, Royal Free Hospital Gazette, St. Bartholomew's Hospital Journal, St. George's Hospital Gazette, St. Mary's Hospital Gazette, South African Medical Journal, Speculum (Melbourne Medical School), Sydney University Medical Journal, U.C.H. Dental Journal, University College Hospital Magazine.

AN APPRECIATION

GEORGE BRENTNALL PRITCHARD, F.D.S., M.R.C.S., L.R.C.P.

Mr. PRITCHARD, who retired from the active staff on March 30th, entered Guy's in October, 1906. At that time the system of pupilage to a private practitioner, for the first three years of professional study, was coming to an end ; Mr. Pritchard was one of the first students to enter at Guy's for the full dental course. He obtained his dental qualification in 1911 and became a Dental House Surgeon. He then completed his period of ward work and passed his Conjoint examinations in 1914. On the outbreak of war he became a medical officer in a field ambulance in the 60th London Division, serving in France, Macedonia and in Allenby's great campaign in Palestine. When the war ended Mr. Pritchard was appointed to the staff at Guy's becoming an Assistant Dental Surgeon in 1920 and a full Dental Surgeon in 1932. In 1948 he was elected as a Fellow in Dental Surgery by the R.C.S.

As Lecturer in Dental Histology, Mr. Pritchard published important work on the histological structure of odontomes and upon the pathology of the ankylosis of teeth in man. We hope that in his greater leisure he may pursue these studies further. As a student Mr. Pritchard was a distinguished forward in the Rugger team and was captain in 1912, which was one of the years in which Guy's won the inter-hospital cup.

Mr. Pritchard has a genial and friendly disposition which has made him very popular in the Hospital ; we shall hope to see him among us again on many future occasions.

F. N.D.

HOCKEY CLUB—ANNUAL DINNER

The Annual Dinner was held at " The Hole in the Wall " on 19th March, 1954. Mr. Marston, the President and Mr. Morgan, the Vice-President, were present in addition to twenty other diners. It was pleasant to see Mr. Kirby, the groundsman, and Mr. Woodman, among the guests.

A most enjoyable evening was had by all, but it is regretted that the occasion of the dinner should occur during examinations and so preclude many members attending.

BALLISTOCARDIOGRAPHY

By H. E. HOLLING, F.R.C.P.

THE movement of blood in the heart and great vessels gives rise to small movements of the whole body. These movements may be magnified and recorded by the ballistocardiograph. If this is done the movements in the longitudinal axis of the body are found to cause a regular pattern which is comparable from subject to subject. In various cardiac disorders, however, the pattern is disturbed and this has proved of practical value in the case of coronary disease.

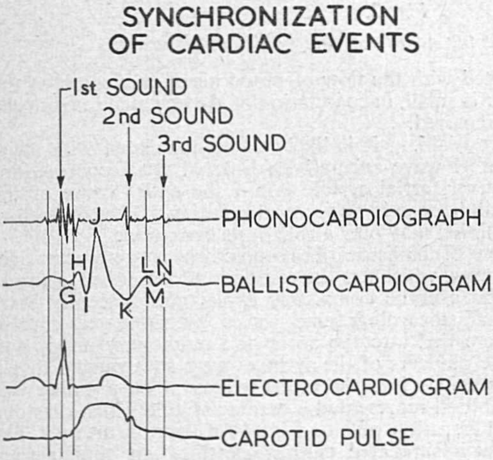
There are three main types of apparatus:—

(*a*) *High Frequency*. This instrument is used by Starr and is called "high frequency" because its natural frequency (12 cycles/second) is above that of the body. The subject lies on a firm bed or table suspended from supports. Longitudinal movement is impeded by a strong spring, and recorded by optical or electrical means.

(*b*) *The Low Frequency table* used by Nickerson is free to swing, but its movement is damped so that its natural frequency is about 1½ cycles per second. The apparatus has theoretical advantages.

(*c*) *The direct ballistocardiograph* has practical advantages. The subject lies on a firm bench and a bar rests on his shins. The movements of this bar are recorded.

The records obtained from all the above forms of apparatus are similar. The main waves are called H, I, J and K waves (Fig. 1) and the record is arranged so that a headward movement of the body produces an upward movement of the record. The H, I, J and K waves all occur during cardiac systole and the peak of the J wave coincides with the height of the carotid pulse. Other waves occur during diastole but their significance is still undecided.



G wave, opening of semi lunar valves.
H " systolic activity.
I " anacrotic notch of carotid pulse.
J " peak of carotid pulse.
K " closure of semilunar.
L, opening of A V valves 4th heart sound
N, rapid filling wave. 3rd heart sound.

Fig. 1.

Normal ballistocardiogram and coincident events in the cardiac cycle.

Causation of Ballistocardiographic Waves

Starr suggests that the I, J, K waves may be produced in the following manner. Acceleration of a mass of blood is associated with a movement of the body in the opposite direction. At the start of each cardiac ejection (Fig. 2) blood flows into the ascending aorta with increasing velocity. The velocity reaches a sharp maximum and then diminishes. The first stream is into the ascending aorta so the first recoil is footwards (I wave). An instant later the main ejection from the ventricle takes place and a considerable mass of blood in the descending aorta is put into motion. This results in a large headward recoil (J). Towards the end of systole the flow slows so that a force acts in a footward direction (K).

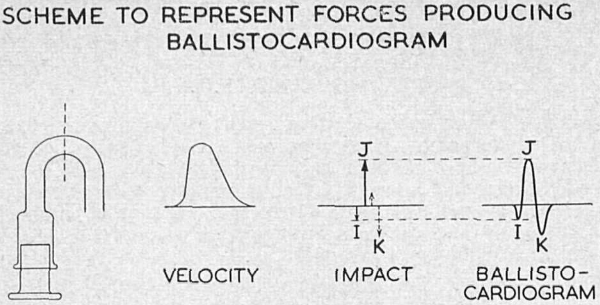

SCHEME TO REPRESENT FORCES PRODUCING BALLISTOCARDIOGRAM
VELOCITY
J
I
K
IMPACT
J
I
K
BALLISTO-CARDIOGRAM

Fig. 2.

Scheme to illustrate the genesis of the ballistocardiogram.

This wave seems closely connected with the flow of blood along the length of the aorta because it is not present, or is small, in coarctation of the aorta and is restored after the coarctation has been repaired.

The H wave is difficult to explain. It is likely to be associated with atrial systole, for the semblance of an H wave occurs with isolated atrial contractions in complete heart block. However, atrial systole is not the entire cause of the wave because the H wave may still be seen in auricular fibrillation. It has therefore been said that rapid ventricular filling may play a role in its causation.

These theories of causation of ballistocardiographic waves were tentative, and it seems unlikely that the waves, which are the resultant of a number of forces acting at the same moment, can ever be completely explained. Recently Starr has attempted to reproduce ballistocardiographic waves by simulated cardiac systoles in corpses. Canulæ were tied into the aorta and pulmonary artery and each attached to a syringe. The plungers of the syringes were so arranged that a measured amount of blood was driven into the blood vessels when a mallet was allowed to fall. This inflow of blood represented a cardiac systole whilst diastolic pressure was maintained by a transfusion of blood into the femoral artery. The ballistocardiogram caused by such simulated cardiac ejection was similar to a normal one. It was found (Fig. 3) that the harder the blow of the mallet the

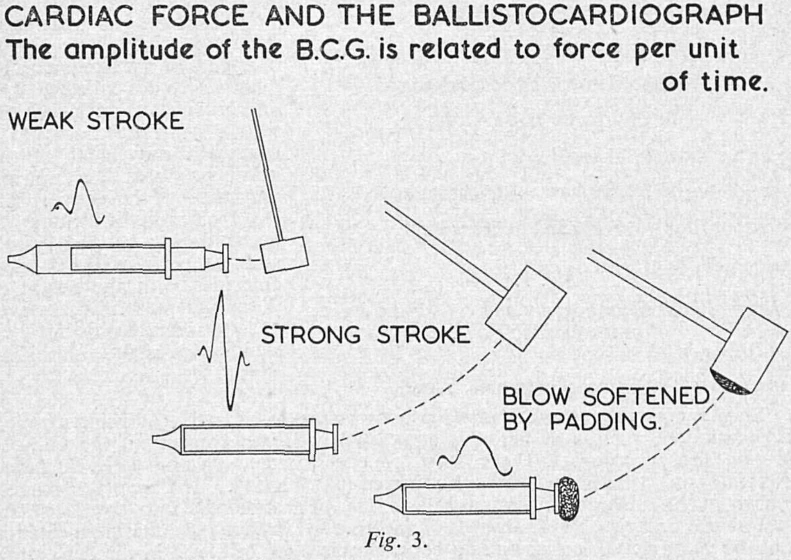

CARDIAC FORCE AND THE BALLISTOCARDIOGRAPH
The amplitude of the B.C.G. is related to force per unit of time.
WEAK STROKE
STRONG STROKE
BLOW SOFTENED BY PADDING.

Fig. 3.

Showing how the form of the ballistocardiograph can vary with the force of the heart stroke.

greater was the amplitude of the ballistocardiogram. If instead of a sharp blow the face of the mallet was padded so that the blow was spread, the waves of the ballistocardiogram were found to be rounded as occurs in coronary disease. It was found from these experiments that the amplitude of the ballistocardiogram is related to force per unit of time and only indirectly to the stroke volume.

It is not possible to standardize a ballistocardiograph so that the deflection per unit of force at the heart can be determined. The best that can be done is to adjust the apparatus so that a weight applied to the table produces a standard displacement. The direct ballistocardiograph is not standardized at all. The matter of standardization is not of great importance in clinical work at this time because diagnosis is based upon the pattern rather than the size of the complexes.

The Normal Ballistocardiograph

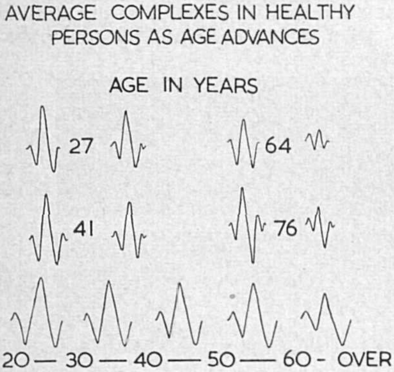


Fig. 4.

Change of ballistocardiogram with increasing age. Above are ballistocardiographic complexes from healthy people typical of their age group; the respiratory variation is shown. Below the changes are shown decade by decade.

The ballistocardiogram of a healthy young adult is characterized by clear cut individual waves of which the most important is the J wave. The I and K waves are roughly equal in amplitude. Complexes vary slightly in size with respiration. Therefore it is desirable to examine 3 or 4 respiratory cycles so that these variations may be better appreciated. The limits of amplitude and duration of the individual waves in normal people have been reported by a group of workers at Johns Hopkins Hospital.

With increasing age the I and J waves become smaller (Fig. 4). The H and K waves remain relatively unchanged, but variation of the complexes with respiration increases.

In the light of Starr's investigations with cadavers, the dimunition in size of the I and J wave suggests that with increasing age the initial acceleration of blood along the aorta is diminished, though the peak velocity finally reached is the same. Thus the aging heart appears to empty less rapidly than the young heart.

Cardiac Output

The amplitude of the ballistocardiogram bears some relationship to the output of the heart, and formulæ have been devised to estimate cardiac output from ballistocardiographic measurements. The reliability of such estimations is debatable.

An important fact against the possibility of measurements of cardiac output based on ballistocardiographic measurements being reliable is that the amplitude of the ballistocardiogram does not coincide with that of the arterial pulse throughout the phases of respiration. During inspiration the arterial pulse normally diminishes whereas the amplitude of the ballistocardiogram increases during this time. Probably to explain this finding, Dock suggests that it is the right heart which has the greater influence in determining the size of the ballistocardiographic complexes; but it seems unlikely that the relatively feeble beat of the right heart, which ejects into two divergent pulmonary arteries could produce the major force resulting in the ballistocardiogram.

It will be recalled that Starr found in his experiments on cadavers that the amplitude of the ballistocardiogram was related more closely to the force than to the stroke volume of ejection; though of course the two are related in that the normal heart beats more strongly as it increases its output.

Abnormal Ballistocardiogram—Coronary Disease

Although abnormal waves are found in congestive cardiac failure and in many other conditions, mitral incompetence, aneurysm of the heart or aorta, aortic valvular disease, coarctation of the aorta, the changes found in coronary disease are of greater practical value.

The abnormalities in coronary disease are an exaggeration of those described as occurring with increasing age, and in addition the H wave may have an amplitude greater than the J wave. In some records it may be difficult to make out any pattern at all. In early cases it is often found that abnormalities occur only in the smaller complexes of the respiratory cycle though later all complexes come to be affected. Because of this Brown of Rochester, New York, has suggested that early coronary disease may be diagnosed by the changed ratio of the I, J amplitude in expiration and inspiration. It is of interest that when some such patients put on an abdominal binder the respiratory variations of the record disappear, and many of these patients find that their angina occurs less frequently if they continue to wear the binder.

Dr. Starr carries out a long-term follow-up of persons whether their records are normal or abnormal. He has found a number of persons whose records looked abnormal and yet in their own estimation they were quite healthy and they showed no clinical abnormality (Fig. 5). Of a group of 90 normal adults, aged between 30 and 60 years he found 6 with abnormal records. During a 10-year follow-up it was found that all the 6 developed coronary disease and of the 10 subjects who had the least amplitude of their record 9 developed angina pectoris or myocardial infarction. Thus it seems that the ballistocardiograph may show the preclinical stage of coronary disease. On the other hand severe coronary disease may be present and the record remain normal.

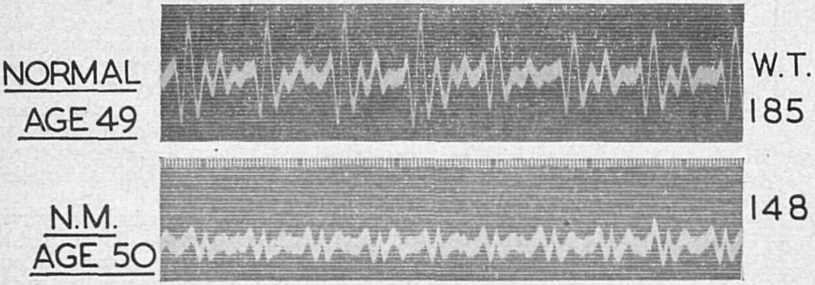


Fig. 5.

Abnormal ballistocardiogram discovered in an apparently normal healthy subject. He died of coronary thrombosis 8 days later. A normal ballistocardiogram is shown above for comparison.

In three-quarters of the cases of coronary thrombosis the ballistocardiogram becomes abnormal, and if it does not do so it seems likely that the myocardial damage is slight and localized. The ballistocardiograph usually reverts towards normal as the patient recovers; but if it does not do so, it is an indication that a partial recovery only has been made, and a guarded prognosis should be given.

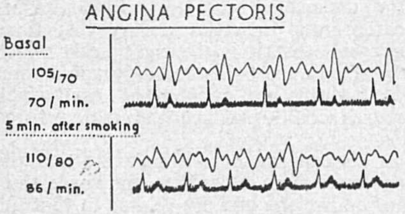


Fig. 6.

Ballistocardiogram from a patient with angina pectoris showing deterioration of the record after smoking.

Smoking a cigarette may cause changes in the ballistocardiogram especially in older patients and particularly in those with coronary disease (Fig. 6). This alteration of the ballistocardiogram with smoking has been found to occur in 60 per cent. of patients with coronary disease and this simple test seems to be a useful extension of its clinical application.

The precision of diagnosis of coronary disease can be increased by using both ballistocardiograph and the electrocardiograph. In any group of patients with angina pectoris the electrocardiogram shows abnormality less often than the ballistocardiogram, though the two methods of investigation show abnormalities equal in acute coronary thrombosis. Workers at Johns Hopkins found that in 137 patients with myocardial infarction and 191 patients with angina pectoris abnormalities occurred in the following percentage of patients:—

	E.C.G.	B.C.G.
Myocardial Infarction	69 per cent.	72 per cent.
Angina Pectoris	24 per cent.	75 per cent.

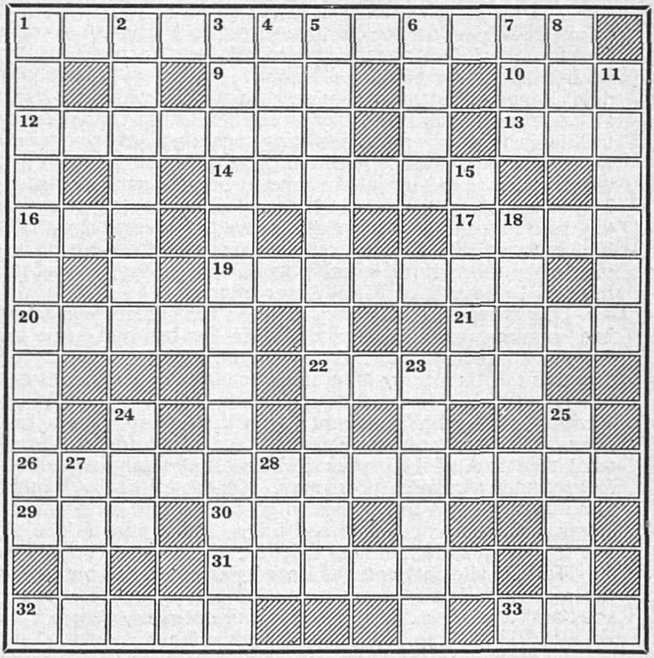
Summary

Ballistocardiography is a simple method of clinical investigation which is valuable in the investigation of acute and chronic coronary disease.

CROSSWORD No. 4

ACROSS

1. '606' and all that (12)
9. Lowest (3)
10. Working unit (3)
12. —— lumbricoides is familiar to us (7)
13. Pale (3)
14 & 22. Syndrome of bradycardia with epileptoid or syncopal attacks (6, 5)
16. Bundle-man (3)
17. Slang for sleep (4)
19. Glassy (7)
20. Gradual abatement (5)
21. Presumably he does this to obtain 28D. (4)
22. See 14A.
26. To be found in a brain cell in rabies, for instance (9, 4)
29. Dipsomaniac ? (3)
30. A sister who may or may not be a nurse (3)
31. He tests for bile pigments (6)
32. Guy's man 1815–1816 (5)
33. Employ (3)



DOWN

1. Two girls in a muddle with an ax to grind ! (11)
2. Bad spelling could send a patient with this "round the bend" (7)
3. A *gallon* of barium emulsion may be required to confirm diagnosis of this disease ! (13)
4. To send forth (4)
5. *An asp* with *one tail* (Anag.) (12)
6. A breakwater in the uterus (4)
7 & 8. Perhaps 2.6.53 marked its beginning (3, 3)
11. Knowing (6)
15. "Three little —— turned up are we !" (5)
18. Punter's disproportions (4)
23. Familiar relation (6)
24. Legal instrument (3)
25. Fat (5)
27. Could be one of Ranvier's or Osler's (4)
28. See 21A.

(The solution will be published in our next issue)

J.M.C.

OBLIVIA (2)

By Q. S. GABB

WHEN summer came, we used to make up hilariously amateur crews for the Broads ; and how that quaint area " gets " you. I have seldom willingly missed a year since. We knew little enough about sailing and left few follies uncommitted, few depths unplumbed and never a mud-bank but bore the unwilling imprint of our inexperienced keel. Once, coming through Yarmouth swing bridge on a ferocious tide, the boom gybed over, caught Tubby, prematurely and most incautiously getting busy with the crutch. Instinctively hanging on to something, he chose the latter. We were far too occupied with hazardous and hesitant navigation to concern ourselves about him, and seeing him still alive, just loosed the dinghy. We missed all these items and were pleased when he re-joined later. A similar occurrence took George with it in very different conditions. He was drying after a bathe when the gybe came over. He clung to the boom and swinging out with it, there hung as helpless as Absalom (having jettisoned his towel), a queer object with copper coloured extremities and an off-white middle. Then, rounding the bend which had provoked the gybe, we found ourselves in the proximity of what seemed a murmuration of Sunday School Girls, on their August frolic. It was taking some time to haul the boom and him inboard on the main-sheet pulleys, so he took the prompter course of dropping off, but of course had to be keel-hauled for quite a way before he could re-appear. Even so, the water above Wroxham is delightfully clear. Some of the girls, who perhaps had brothers, seemed less distressed than others ; one even giggled, but an aghast whisper reached us across the water, perhaps from one of the teachers who hadn't a modern outlook—" Well, not even a bathing cap."

The record for over-board was achieved by (I think) Lottie, who became submerged twice, the second time so near a Yarmouth sewer that we flatly refused to have his clothes aboard and towed them to more sanitary regions. Luckily we had safety pins and a red blanket. He looked like a squaw for the rest of the day. Among other memories was the wagtail which used to tap on my porthole at dawn near Burgh St. Peter ; the weasel we chased across Horsey Mere, we tacking in very light airs, he making such a gallant swim we adjudged him to have earned his life ; and perhaps unique, the recumbent calf on the bank at Ludham which chose to get up just in time to become entangled in our mainsheet, as we hugged the shore to give room to a tacking boat. There was a young pheasant too, who flew slap into our mast among those trees below Salhouse. A nice young bird but not easy to cook on a primus stove. We even made a hard-working pilgrimage through the locks up to Bungay for very special reasons. " They " are believed to have lived happily ever after.

One of my first midwifery cases on the District was a tragedy. The poor girl had somehow burst a varicose vein in her leg, and while her husband went for help, she wandered about the room in a panic, and was dead when I arrived. Students not then being allowed to undertake operative proceedings unsupervised, nor qualified to pronounce upon death, it was a frightful predicament. Should I with a pocket knife attempt to do a cæsarean section to save the baby ? If successful the enterprise might earn me credit for resource, but if unsuccessful what then ? And the mother had almost certainly been dead more than the very few minutes available for success. Characteristically I funked it, for I did the same when offered the chance to go on a world tour with a V.I.P., being, I felt inexpert at his complaint, a bad sailor, and a poor bridge player. That was my last chance to scale the dizzy heights ; I have been very happy in rural England.

Various ailments and game's injuries consigned me to the wards, and among the most amusing episodes in my life was a spell between His (then) Majesty's valet and a confessed burglar. A thing not many people I think, knew, was that Edward VII used regularly to start work at 7 a.m.

I once saw Willie Lane momentarily surprised. He was very fond of lots of mercury in spirit ; open ether does not seem to cause explosions ; but he took to cauterising appendix stumps and one day the spirit on the towel became ignited and for a few seconds the only thing lacking was a sprig of holly for the cæcum. Sister Edwards calmly covered the proceedings with a dry towel and all was well.

As time drew on towards leaving I became heavily cardiac about a nurse ; most of us did and I have never known of one regretting it. The only time when we were both off duty was the hour of morning service, and our High Church friends advised attendance at St. Albans, Holborn. Arriving there we found the Congregation rigidly ruled by sexual segregation ; " Coeds," even though married, disallowed. With such restricted hours for dalliance, the aisle between us seemed a yawning gulf, just as to Dives in another place, so we betook ourselves to Greenwich Park, counting the time well spent. And having then got to the very verge of christian names, a long way in those days, and being young and daffodils about, I greatly dared, and placed my arm around the slender span, which was conventional for waists in nineteen-ten. And there we fell to deploring the impending grief of leaving our beloved Guy's and each other, when up popped from an adjacent bush, a uniformed Park-snooper, with the minatory refrain, " You can't do that there 'ere." But what a lucky thing that we were still months away from the kissing stage. Prudently we left our Eden, though the snooper didn't seem very Godlike, beginning to wonder whether this was really our lucky day. Or was London a far more puritan City than we had realised ? We spared a chuckle—you can't please everyone—to the thought that even that epithet might not be appreciated by St. Albans, whose precincts were a far cry from the little Welsh Curate who so often since has acknowledged my offering of the Alms at the Sanctuary with (believe it or not)—" Ta."

Those same very spiky friends (though, like fishermen, sane enough out of their medium, and even normally humorous) were wont, instead of wishing each other such greetings as " A Happy Christmas," to use the Calendar of Saints—thus : Happy Nativity, or Happy Holy Innocents. So that when, towards the end of Christmas week, the young curate blew in and wished the daughter of the house, " Happy St. Thomas," her reply after a moment's calendarial calculation was " Happy Circumcision." Topical if not apposite.

When I started in country practice, only four thousand cars had been registered through Birmingham. My brother had a Panhard, a sort of hybrid, with the appearance of a car in front, but a wagonette with a central door behind ; could it have weighed two tons ? My father reckoned to get about just as quickly across country on a horse, and probably did, as he was privileged with a pass key to a very large estate covering much of the county locally. In past centuries the local Dukes maintained almost regal state, and progressed about with out-riders, postillions and powdered footmen. One of them got the idea that he would like to drive to London all on his own ground. But finding the expense beyond him, he planted 75 miles of avenues about his estate instead, which added greatly to the beauty and accessibility of the countryside. They were splendid landlords and even in these peculiar days are respected and beloved.

To come back to mechanical transport, my father never did get into the " damned contraption." I started with a motor bike, one of whose selling points being—" You see, *when* the engine breaks down, all you have to do is just to slack off these two nuts and the belt (which always slipped anyway), and leave the engine in the ditch and pedal home like an ordinary cycle." The engine soon became quite at home in the ditches, but apart from that, though something of a trick-cyclist, a few skids in mud or beclayed roads, involving loss of several finger nails among minor casualties, confronted me with choice of getting a car or losing a matchless wife.

So one day arrived O 4146, a 6h.p. Rover, about 8 ft. long with a huge rectangular screen, a pull-up hood which did not quite meet the top, so that while you could just get along in second speed against a gale with the screen up, the wind-sock effect with hood up too, brought you down to first against any gradient. There was a dear little door on the near side, about six inches high, but it was easier to step over than to open, and one was always more on the car than in it. On each side of the screen were large brass oil carriage lamps ; in front of the radiator a very heavy self-contained acetylene headlamp, habitually out of order, and a really magnificent brass trumpet, coiled like a bugle, with a brass flexible tube leading back to a bulb. The emission was something between a bittern and a foghorn. Petrol feed was by gravity. About then a novel by Cresswell entitled " Thomas " described adventures with an early car, whose owner carried a pocket full of pebbles, which were dropped into the tank when the level got low, but it was not explained how he got them out.

Our car was a girl and the tank was under the seat and at the worst we had to go up very steep hills backwards, to get the level above the carburettor. The chance of meeting anything moving at all fast was negligible. The accelerator was a little tap under the steering wheel ; maximum speed 22½ m.p.h. on the flat, but she would coast a lot faster, only what yachtsman would call her centre of flotation was a bit high for speed. The red flag era (*that* sort of red flag), had been succeeded by the 20 m.p.h. limit, a most dashing innovation.

There was less crime then and the police had leisure to trap the furious speed hog. A.A. scouts could not of course warn members, but if they just stood looking wooden, one took the hint. The straight mile into our city was a favourite haunt and great care was taken not to go the extra 2½ m.p.h. of which the little thing was capable. A million miles in 35 assorted cars are behind us since then, with all the accrued luxuries, but the thrill of owning that little green Rover is immemorial.

Among her many successors stand out a tiny Standard coupé, a Rover Twelve sold after seven years for two pounds less than what she cost (and a week later we would have paid more to get her back), a big red Bentley and a Morris Isis, which gave magnificent service, and after 25 years now accompanies all brides and corpses to the church. But of all, Rovers stand supreme. They have served us for 24 years, and the present one, a 1938 Twenty, is the best of the lot. After sixteen years she is quiet, comfortable, beautiful, reliable and fast. In 1943, she was crashed at a cross-road by an R.A.F. lorry using the minor road. A glancing blow turned her completely round so that when things had settled down the front of the car was 45 feet from where the detached bonnet indicated the site of the crash. The horn was 90 feet away in one direction, the Order of the Road badge, of which I was inordinately proud, as it was No.9 in order of issue, was 76 feet away in another ditch. I was following behind and took all the measurements and some photographs. The only casualty was the lorry driver with a cut forehead. Ten months later the Rover Co. returned her as good as new. After that crash my wife, who had been driving, got straight into another car and drove home to take the St. John Ambulance Armistice Day Parade. There was happily little "sang," but hers was certainly "froid"; does feminine blood have an "e"? Of course she was from Guy's (and Greenwich Park).

One lovely summer evening last year, in great emergency, that dear old car ran from Attleburgh to Barton Mills, about 26 miles, in 28 minutes. The road is practically straight and we only met three vehicles. It is curious that except for skidding on ice into a ditch, when large pieces of windscreen pierced the back of the hood, as I ducked out of the right hand door, the only two dreadful mishaps I have had were in first speed, or reverse.

I was backing into my drive and a devoted terrier tried to get on the running board to welcome me home. In an instant she had slipped under the front wheel of the heavy Bentley. She just curled up in my lap to die. The other time I was nosing out of my garage when a dog scared a favourite black kitten, which ran slap under the wheel. Two hares (is it a brace if they are not killed the same day?) and a few rabbits have caused me no regrets ; (a lorry driver beat me to collect the last one) ; but there can't be many motorists who have run over a badger. It was 2 a.m. and I thought he was a dog and would dodge the light. Just too late I saw what he was. Luckily I had good clearance and he crouched, and just trundled off untouched into the nearest ditch. Brock is funny about lights, he doesn't mind a torch at all, but you won't see him long, or probably at all, if he winds or hears you. They are very common in this area and are not, unfortunately, credited with doing a lot more good than harm. Several foxes have threatened suicide, but they are so nimble, unless nearly all in, that I've only known one killed. One a fox with hounds close behind, crossed just in front, doubled back, trusting with immense presence of mind to my petrol spoiling his scent. He seemed to have earned his life, and I can't bear to see anything killed on purpose. Yes, a bloody murderer and all that ; would you have given him away ?

What is the explanation of the peculiar behaviour of wheels when on their own ? Mine sound to be a trifle disloyal, for three have left without notice. They go bounding down the road and tend to leap the hedge, usually on the opposite side. The first time, preoccupation with keeping on the road, prevented the course of the absentee being noted, but presently occupants of the upper deck of a passing bus drew attention to the reverse slope of a massive midden, which itself was beyond quite a sizeable hedge, where nestled the truant. Having seen the same sort of thing three times it was a real pleasure, on meeting some damsels late at night, looking in vain and weariness for their fourth road-wheel, to be able to produce it instantly from behind the hedge, and again from the opposite side from its proper habitat. They appeared to swallow my impromptu explanation of being a clairvoyant, but a quick get-away became imperative. The thoughtless extempore led to instant demands anent the imminence and/or reliability of their matrimonial prospects, etc., etc.

Memories of other peoples' predicaments call to mind that of a young friend, brand new owner of his first car, and wanting someone, anyone, to whom to show off. He picked up a well laden grocer's boy, but presently arriving at a sharp corner on a severe up-grade and very close to a wall on the left, he stalled his engine. Too late he found, like many another, that his side brake would not hold. He had not got the skill as yet to take his foot off the brake and on to the accelerator quickly enough to catch the car, but had the sense not to let her run back on the wrong side of the road ; and the errand boy could not get the other door open, being too near the wall. Reluctant to advertise his predicament in his new toy, he had been there for half an hour when a friend, passing by for the second time, sensed his dilemma and solved it with a supporting brick. But a lot or groceries were late. Among many humiliating experiences I remember getting stuck in a busy London Street with grit in the gravity petrol feed. The use of my stethescope tubing to blow it out caused interest and Cockney wit. There were even suggestions of a " Vet."

It is difficult now to appreciate a position in which few villages had telephones and those there were owed existence to local enterprise and subscription, and closed down at 8 p.m. Confinements were still attended largely by very knowledgeable " gamps " ; no motor ambulances outside the cities ; few district nurses, and they only voluntarily supported : ours covered about 40 square miles on foot. Most doctors still had horse transport. Naturally a good deal of initiative was called for, and really astonishing things happened in feather beds miles away in the hills. More surprisingly they did remarkably well. One could be away 24 hours coping, if a difficult case demanded it. On one such occasion I noticed a smell of burning. It soon became clear that the house was on fire ; the husband (an experienced father) had taken the evening off, and it was a difficult choice whether to get the mother down and conduct proceedings (nurseless as so often) on the adjacent midden, or to try to get the fire out at some risk of leaving her too late. The latter proved successful.

Midwifery adventures were legion. A gypsy case in a bivouac conducted on hands and knees, was rewarded unexpectedly in gold. Of two cases about a mile apart, one was having eclamptic, the other epileptic fits ; the latter having fallen downstairs which brought on severe bleeding, had first claim. Having dealt with her, a dash to the other found her unconscious and apparently moribund. No help, no fire, and the only possible chance immediate forceps delivery without any of the essential preparations, and to hope for the best. An hour later, mother and child doing well, and never turned a hair. What would " Queen Charlotte's " have said. But things don't go septic in the country. The trouble about that case was that the only way I could handle the affair was by getting on the four-poster, and the moment my weight was added to it, one leg went right through the floor.

Another memorable contest was in a room so small and doorless that the doings had to be conducted, the doctor's share, standing on the stairs, with several children jostling for front tier standing room below. What a gift for a Giles cartoon. Worse still, there was a meningocele ; but by then I had provided myself with a partner, the most resourceful of men, and with me on the bed and him on the stairs, and bulky enough to keep the children out of range, all was happily achieved for the mother.

Many years ago, the late Queen Mary, of beloved memory, gave a very effective fillip to the expansion of the Nursing Service, and we began to get more frequent and better qualified help, but red tape soon exerted its asphyxiating coils. Item. Twins had arrived at a Police Station, 7 miles away, not without heat and toil, when an urgent call arrived for another case some miles away, the patient being reported alone in the house and out of practice for about 8 years. Mrs. Policeman not nearly well enough to leave, so Doctor armed with an emergency form, went off alone, leaving nurse with the first patient. Midnight in mid-January, husband missing, no fire, no water, no sticks, a cake of soap and some matches, and a candle, and thank Heaven for a moon. After a night of mutual sweat and discomfort all was well and the Doctor submitted to the County Council his claim for the smashing fee of £1 11s. 6d. and mileage. But to this day he has not had it, because the nurse was " not in attendance on the case " when she sent (gave) him the emergency aid form. She had said " Go " instead of " Come." And yet they say C.C.'s have no souls. District nurses were not so experienced then, I was called in twice in a month for a presenting hand. I hope it wasn't my manœuvres as obstetrician plus anæsthetist which accounted for one result being oxycephalic. The only mother I have lost had an instantaneously fatal thrombosis.

Returning from our first holiday, our attention was drawn to a pogrom of twenty deceased fowls, in ranks, like fainting guardsmen, awaiting our arrival in the field adjoining. They were then 2s. 6d. a head and I forked out on behalf of my terrier (not the same one), the necessary cash. We don't keep fowls and I made almost the most tactless gaffe of my life. It had never occurred to me that hens, with their hard eyes and fowl habits, could be regarded, so unlike geese, as pets, and I asked the late owner for "a reduction on taking a quantity." The late lamented all had "Christian" names and were his wife's boon companions, in lieu of family. He forgave me only on his death-bed, twenty years later.

The fox-terrier was a trial. He would kill anything. If he saw an opponent he fancied he would take a flying leap out of my 20 m.p.h. car, in motion, turn a somersault or two, and the fight was on. He once had three rounds with a sow on a narrow bridge. He would get her by the ear ; she would shake him, and a bit of ear off, and crash him against the stone wall. Undeterred, he would have another go and the mixture as before. They were finally detached by having to conduct hostilities under a large carriage rug. After the foul massacre we were advised to impregnate with mustard one of his victims and tie it round his neck. Shortly after he was seen to be in full cry after one of her sisters, somewhat impeded by his incubus which was becoming by then fairly "well hung," on which he would stumble, take a header and resume. After that, he went for a nice stay at the kennels, to be cloistered with a turkey cock of known bellicosity. He came home convalescent.

In early days there was no modern theatre in our Jubilee year (1887) Cottage Hospital, and we had to heave our patients down and sometimes up a long staircase to the staff floor and chop them up under a sort of skylight, or gaslight by night. The anæsthetist used chloroform ! One day after a long dry spell, a furious storm drove some rather part-worn rain drops through, straight into the tummy of an appendicectomy. The staff nearly swooned with shock : the patient thrived : they do in the country. After that, the committee were persuaded to build us a very nice theatre, through which since then, on average, the whole local population has been, one and a half times. This way of putting in does not denote anything sinister ; the results have been very happy on the whole. But one of my first cases was a tragedy. A midnight journey to a neighbouring mountain disclosed a fighting drunk, who had ruptured himself carrying his son's coffin to the grave. Many potations, and some aggresive exercise had combined to cause a strangulation and immediate operation was his only chance. It was useless to try to take him in my lttle car, because he would not get in, and if he had, would certainly have fallen out over the six-inch door. No telephone available, so messengers went off to find a car with room for him, and someone to hold him in, and power to tackle the hill, while surgeon and anæsthetist went off to make all ready.

At 5.30 a.m. we were still drinking tea and drowsing, and about six the poor chap arrived. Near the top of the hill the axle of the car had broken, invalidating the foot brake. Then, as now, it isn't every hand-brake that will hold the car and it was fortunate that only minor casualties were added to the original. Finally, still obstreperous, he had to be tied on a sort of coster's barrow and brought in by hand. Far gone with shock, the minimum had to be undertaken, but too late for ultimate success. Operation candidates were scarce for some time.

Better fortune attended an appendicectomy in a feather bed. A very acute one and no transport available. Access to only one side and one end of the bed. The surgeon was congratulating the chloroformist on the superb relaxation, when it occured to him to ask (au Willie Lane), "I suppose your end is alive ?" His complexion had gone from blackish to grey and his pupils from pin-heads to soup-plates (small soup-plates) and artificial was not easy ; also a goitre, loose teeth and age 70. However, he lived for several years and was known as "the bloke Gabb couldn't kill." He was not hanged either. Another who shared the above description was taking home his horse, when, perhaps influenced by a hornet, the graceless beast barged him over, and kicked in the top of his head. Undeterred the stout fellow put the animal to bed, and only then fell unconscious in the yard. Collected thence and put to bed, no anæsthetic was needed to remove the loose bits of cranium, plus manure and hoof products and some obviously expendable brain. Washed out with saline and lightly dressed, the patient had finished a farm-house breakfast when visited next day. He had no recollection after unhooking his horse from the plough half a mile away. Ever after, anything thrown away as surplus to requirements was alluded to as just " Danzy's brains."

I had never been to Eire, except and since going over to play for Cambridge against Trinity College, an experience apt to render the memories of the most habitually abstinent a little hazy ; in fact the more habitually abstinent the more completely hazy, so that the " local colour " in our first conversations with the indigenes on this visit seemed too good to be true. Our route had come through Warwick, Worcester, Herefordshire, that glorious county, then Radnorshire, where the density of population is reputed to be one (repeat one) to the square mile (and they all cousins, with all that implies) over Radnor Forest, 1250 feet and so to Aberystwyth and to Cardigan and Fishguard. The road along the coast was one blaze of gorse and bluebells for miles, and we watched a school, very definitely on holiday, of porpoises hundreds of feet below, sporting in what had all the appearance, only with " undertones," of Reckitt's Blue (advt.). An ever memorable drive, and what ham sandwiches for lunch. How odd that the last item should be so much more inclined to ring the bell of gustatory memory after 40 years that it would have after five ; but those were the days when ham not only was ham, but available.

We crossed to Rosslare and thence went on to Wexford by train, playing a sort of catch-as-catch-can with the car, which in a goods train sometimes preceded and sometimes followed us, the rules being that wherever there was a double line stretch, the one which happened to be behind went ahead. There were probably " hazards " of which we knew nothing. Having stopped for one of these shuffles I strolled along (Ireland you know), to ask the driver what time we should get to Wexford, to be told, " If we started now, we'd be there in ten minutes." As a companion he was delightful, as an informant the operative word was, and continued for some time to be, " IF." Having at length detrained and made " tag " with the Wolseley, we were presently lost, owing to total absence of signposts, and all roads having the same sort of surface and width, none being particularly main. Pulling up by a farm, we were greeted by a very young and inquisitive foal, which " lepped " the low wall, and was disconcerted on nuzzling the radiator to find it rather too warm for comfort. The farmer, being asked, " Is this the way to Waterford ?" replied comprehensively, " If ye've come from Wexford it is NOT." They are parsimonious about giving directions which direct. Further south we asked " Does this road go to Cork ?" " It does." " And where does that one go ?" " To Cork." " Which is the better ?" " That one is the better," pointing to the second one. Yet once again a countryman told us to turn right by the cows. At last, constrained to go back for further advice, " Ye should have turned where the cows WERE."

Years later I went back, and found a perfectly magnificent road to the North from Dublin. I have only twice been called upon to lend physical aid to the police, and once was close to the Border. My car was required to be pulled across the road to prevent an alleged gunman, wanted by both sides, from getting a stolen car across into Ulster, where it originated. We had very few minutes to spare. He had no gun. The subsequent phone chaff between the respective Police Forces, which we were privileged to overhear, as well as the man's interrogation, ran somewhat thus :—

South to North—" Is that the Super ?, Tim speaking. You wouldn't have found that dog of mine that had the bad taste to stray to your side ?" N to S—" Sorry, afraid not yet. Maybe he's happy here. We're kind to our animals. There'll be duty on him you know, and have you a licence for a dog in Ulster ? No, I was afraid not. Pity. By the way, I suppose you haven't seen anything of that car thief ? The one we asked you to round up this morning ? If you get hold of him sometime this year no doubt you'll give us a ring." S to N—" Oh, THAT feller, yes we've had him waiting here some time for you. Perhaps you'll be able to borrow a car to collect him ; there'll be duty to pay on him of course." The other time I was commandeered was in England, to catch a man who had crashed past a traffic P.C. I was just behind and the P.C. hopped in and said " " You've got to catch him before the County boundary ; it's only five miles." We did it with only 400 yards to spare after being pushed on to the grass.

ANNUAL DENTAL CLINICAL MEETING, 1954

The Annual Clinical Meeting of the Dental School was held on Saturday, 6th March, 1954 and it seemed that a greater number of visitors than usual attended the Department. As in the past, it proved a happy reunion for Old Guy's men and it was a great pleasure to welcome so many men from other hospitals.

All the Departments were on show—there were demonstrations so diverse in character and so great in number that it was impossible to see everything which was going on.

Sir William Kelsey Fry delivered a lecture on "Assessing the Impacted Wisdom Tooth". The Theatre was filled to capacity and Sir William received a great ovation from his listeners, many of whom had been taught by him when they were undergraduates.

Those who were more surgically inclined were able to witness operations performed by the general and the dental surgeons. In the afternoon clinical cases were shown in abundance and formed one of the most interesting features of the whole day.

All agreed that this was one of the most successful meetings ever held at Guy's —and appreciation was freely expressed by the visitors of the vast amount of work which had gone into its organization.

The 47th Annual Dinner of the Dental Society was held at the Park Lane Hotel in the evening, when Mr. C. I. Hagger was in the Chair. The distinguished visitors included Mr. Edgar Houghton, President of the British Dental Association, Sir Wilfred Fish, Dr. Henderson of the University of London, the Deans and Sub-Deans of other Schools. Food and wine having been disposed of, the customary speeches were well received by the assembled company, who in turn showed their very real appreciation to the Secretary and the organizing Committee of all the hard work which they had so cheerfully performed in organizing the function. Everybody went away feeling they had enjoyed the day, and fully resolved to keep the first Saturday in March free next year.

(*A picture taken at the Dinner will appear in our next issue.*)

CORRESPONDENCE

Letters to the Editor of the Gazette

Gastric Peace

SIR,—If I may, I want to tell you two little stories about digestion.

I am afraid I am apt to describe the modern age as one of " mechanized medicine." We rely too little on our own observations and experience and too much on numbers of experts and technicians. True, if we fail to have certain specialized tests and examinations carried out we lay ourselves open to a charge of negligence, but I still think that a trained observation able to recognize the significance of natural phenomena is worth cultivating.

Here are two instructive incidents for you to publish or not as you see fit.

1. When I was a student at Guy's a number of us used to go over to the X-ray room and swallow cachets of bismuth while Dr. Arthur "Hertz," as he was known to us in those days, investigated the mechanism of swallowing. One day a cat joined the party and someone conceived the idea of giving it some bismuth and milk, which it lapped up with gusto. It then lay quietly on the table and was screened. We were able to see its stomach contracting rhythmically and smoothly until some one pulled its tail, or disturbed it in some other way. Immediately all peristalsis stopped and its stomach, to put it in expressive slang, went flop. And, as far as I recall, movement was not restored until we needed the screen for our own experiments and the cat had to give way. But I never forgot the instant response of the feline stomach to annoyance.

2. When I was home from East Africa on leave in 1916 I was sitting one evening on the downstairs lounge of the Café de L'Europe in Leicester Square, and got into conversation with a man at the same table. He told me how he and his wife had been dining at some hotel on the outskirts of London when one of the first Zeppelins came over.

He said that he and his wife, and several other diners jumped up hurriedly from their tables and rushed outside to see this new monstrosity from Germany.

I asked him whether it dropped any bombs or anything else. He said that nothing happened as far as the Zeppelin was concerned. It went away and no harm was done, except for the fact that both he and his wife *suffered from acute indigestion afterwards.*

From the cat and the Zeppelin I learnt, and never forgot, the simple truth that we should take it easy after a meal if we wish to escape the pain of dyspepsia and probably ultimate duodenal ulcer.

I commend these observation to your readers as simple physiological truths well worth remembering.

Yours, etc.

G. DUNDERDALE,
M.D. (Lond.)

P.O. Box 3898,
Johannesburg,
Union of South Africa.

Oblivia

SIR.—I hope you are going to give us lots more of Q. S. Gabb. His gentle wit and subtle humour, mixed with much good sense, has given me more pleasure than anything I have seen in the *Gazette* for years.

Yours, etc.

R. E. IRVINE,

13 Claremont Place,
Newcastle upon Tyne, 2.

(*Oblivia (2) appears on page 138 and there is more to come*—EDITOR.)

A Nursing Hazard

SIR,—We read with regret of the disappearance of the good old curtain rails. Our sympathy goes out to the registrars who will now have no visible means of support. However, we wish to point out that future Guy's nurses will be free from the constant danger of disfigurement caused by the pendulum-like swing of the handle when inadvertently(?) released by the patient.

Yours, etc.,

PAULINE DACE } S.R.N.
PATRICIA HILL }

Oldchurch Hospital,
Romford.

Students in Digs

SIR,—It is a great pity that Mr. P. R. S. Johnson has, in supporting his case for a residential hostel, cast an unjust slur on the many landladies who have looked after generations of Guy's men well, and whose homes have been clean, comfortable and homely.

I speak from personal experience of the happy years that I spent in my "digs" and know that I was not alone in being comfortably housed. Many of my contemporaries were just as well looked after, and unless conditions have changed since I was a student, Mr. Johnson's observations need correction.

Yours, etc.

HIGHAM LESTER.

Connaught House,
1, Southend Road, Beckenham, Kent.

A SILLY QUESTION DESERVES . . ?

"Social Aspects of Disease" is a subject recently added to the syllabus of the General Nursing Council. We feel that the following extracts from answers to an examination question speak for themselves.

> "*There would be inspections to see that people were not having extra nephews or grandmothers secretly living with them.*"
>
> "*The situation should be undulated so as to assist sewage.*"
>
> "*Blocks of flats can be provided for single people with window boxes.*"
>
> "*Sharing of bathrooms leads to mental depression.*"

REVIEWS

French's Index of Differential Diagnosis edited by ARTHUR H. DOUTHWAITE, M.D., F.R.C.P. 7th Edition. John Wright & Sons Ltd. *Price* 105*s*.

This remarkable volume, which is the sixth successor to the late Dr. Herbert French's monumental work of 1912, has been greatly altered in the course of a meticulous revision. This has involved the inclusion of much fresh material by new contributors. A reviewer for the *Gazette* may, perhaps, be forgiven for singling out the strong contingent of distinguished Guy's men who have written sections of the present edition. In addition to Dr. A. H. Douthwaite (who, besides making important contributions to the text, has undertaken, with conspicuous success, the heavy burden and responsibility of editing a work of this magnitude) there are Mr. Hedley Atkins, Dr. P. M. F. Bishop, Mr. Frank Law, Mr. W. M. Mollison, Sir Heneage Ogilvie and Dr. R. L. Waterfield, while Professor James Whillis and Dr. T. H. Hills have been much concerned with the illustrations and radiographs. They are joined by other well-known experts in their respective fields, notably Sir Adolphe Abrahams, whom Dr. Douthwaite has been "exceptionally fortunate in having as counsellor, collaborator and contributor". Together they have produced a most acceptable—and what is as important, singularly readable cross-reference book covering the whole field of Medicine and Surgery in the widest connotation of those words.

In considering an undertaking of this kind one should bear in mind what the purpose of such a volume must be. The average text-book, of course, sets out to describe a disease in such a manner that it may be recognizable by those to whom it is presented. Dr. Herbert French however aimed "to collect all the symptoms and signs that might arise in the course of disease"—in brief, to identify all the different disease processes which might be associated with a given symptom or sign. To take one example : thyrotoxicosis can reveal itself by many indications, of which exophthalmos may be one. Considered in the presence of other signs and symptoms known to be associated with thyrotoxicosis, evident exophthalmos may add substantial support to that diagnosis. But taken on its own, and as an individual entity, exophthalmos may well be an indication of other varied conditions ranging from thrombosis of the cavernous sinus to secondary deposits in the orbit resulting from malignant disease of the kidney. By considering individual signs and symptoms, then, this volume casts a net around a number of varying abnormal conditions with which those features may generally or occasionally be associated. The problem of weighing up the claims of a specific sign or symptom to be connected with some individual abnormality of state, behaviour, or appearance, is thus seen to be a "stupendous task demanding almost incredible industry." Those words have been applied to Dr. Herbert French's great work of 1912. The wider recognition of diagnostic features which has been encouraged by refinements of technique in investigation has rendered the task of Dr. Douthwaite and his fellow contributors even greater to-day, and has made it impossible for any one of them to approach in scope the share which Dr. French claimed (he wrote more than half the book) in his volume some forty years ago. Indeed, few will dispute that a more objective survey is achieved by the present arrangement whereby many hands contribute under the general guidance of one directing mind.

To the present (temporarily somewhat prejudiced) reviewer the whole book is strongly reminiscent of "The Perfect Examination Answer" on a gigantic scale. The number of questions in higher examinations which take the form of: "What are the signs and symptoms of acute diverticulitis ?" are fewer than those which appear as: "Discuss the causes of pain in the left iliac fossa"—and rightly so, because the problems of real life practice are, in the first place, the problems of identifying disease in its varied manifestations. It is precisely such problems which this volume sets out to solve. Its value to the practitioner who is constantly being presented with diagnostic difficulties is obvious. A patient does not come in with "Inguinal Hernia" written all over his face—despite all that the "snap diagnosticians" would have us believe. He tells a story which leads one to such a possibility. Few clinicians think in terms of a disease as such, however much they are taught individual disease entities in the course of their early training: they observe the symptoms and signs presented to them and consider the diseases to which these features might point. There are not many books which approach medical practice in that manner. This is just such a book. In no possible way, however, does the rationale of this volume represent a disparagement of current subjective text-books, for a full knowledge of individual disease processes is an essential preliminary to the proper appreciation of an *Index of Differential Diagnosis*. This, then, is not a text-book of individual disease. Nor is it an exposition of treatment (except in so far as treatment may lead to diagnosis e.g. the exhibition of salicylates in a suspected case of rheumatic fever p.408). But as an encyclopaedia of signs and symptoms and of their application to problems of diagnosis it must be unique in being both up-to-date and essentially readable.

A work of this size and complexity makes it impossible to single out items which impress most: it would be unfair to do so as each reader will be struck by different features. But your reviewer is not likely to forget, for example, Dr. Bishop's brilliant description (*Obesity* p.511) of "the fat child" with "cyanotic thighs bulging out of his shorts" who "exudes an aura of doughnuts and butterscotch . . ." Where can one find a simpler exposition of the methods of examining mammary swellings than the paragraph (p.823) contributed by Sir Heneage Ogilvie and Mr. Atkins ? Look up any condition you please—*Dysphagia* for example, and you will find a detailed, appropriately illustrated, description of the possible causes—this time from the able pen of Sir Adolphe Abrahams. There is (perhaps unconscious) humour too. Under the heading "Mis-use or Over-use of the Normal Vocal Cords" (p.373) Clergymen are named first in the "Habitual" group. Moreover, there seems to be an attractive eighteenth century ring about the caption to an illustration of an elderly gentlemen portrayed on page 196: "Cyanosis of peculiar hue, the result of taking antikamnia." This is no dry or stodgy tome.

Small points of criticism there must be. For example, on p.450 the illustration is printed the wrong way round. It may be argued that the captions to the adjacent pictures on p.804 are rather muddling: that "neurofibroma of the right nerve" (p.882) presumably means "eighth nerve": that headings like "Rectum abnormalities felt per" are a trifle cumbersome. In a comprehensive account of *Anæmia* one looked in vain for diaphragmatic hernia as one of the possible causes. But it is an impertinence to criticize small points in a volume whose general value and erudition are so outstanding.

This *Index of Differential Diagnosis* will provide immediate enlightenment to an enquirer on any special problem, and endless pleasure to the casual browser. Indeed it would not be out of place as a bedside book, and that is unusually high praise for a work of such scholarship and distinction. This compact volume will certainly find its way to the shelves of every conscientious practitioner where the inestimable additional value of a really excellent index will show to greater advantage the more it is used. Finally, the production, and what one may describe as the "stage management", are decisive, the illustrations (of which there are many excellent examples in colour) are appropriate, and the type face has been chosen with care. Here is a book always to keep at hand.

E.E.D.T.

Annals of Medical Detection. By BERTON ROUECHÉ, 1954, Victor Gollancz, London. 225 pp. *Price* 13*s*. 6*d*.

From time to time detective stories have appeared in the New Yorker magazine in which the villain was some illness and the detective a medical investigator. The stories were based on truth and the author managed to combine accurate reporting with easy reading. That these accounts should be available in a more permanent form was recognized and a collection of them has now been published.

The medical information they contain is valuable. For example, the account of gout, "a perverse, ungrateful, maleficient malady," compares well with that found in modern textbooks. The following quotations serve to show the happy style in which the accounts are written :

" I saw he was a true scientist—he knew how to say ' I don't know' ".

" Most physicians recover promptly from the distress of uncertainty."

" Medical men agree, in one of the profession's infrequent excursions towards unanimity, that gout is among the oldest of diseases."

The characterization in the stories is worthy of Dickens, for example, Mr. Pomerantz, who in 1946 was instrumental in the discovery of rickettsia in the mice of

New York City. He had been a garment worker interested in the poems of Keats and the music of Mendelssohn. He taught himself entomology in the process of becoming a good pest exterminator. "First I learned the façade," he said, "and finally I began to learn the marrow of the subject ; I specialised in everything, especially ticks."

This is a book to keep, and a book to give to one's friends. H.E.H.

Masters of Medicine. By HARLEY WILLIAMS. Pan Books, Ltd. *Price* 2/6d.

This book consists of a number of vivid personal biographies of pioneers who made important contributions to medical knowledge in the past 200 years. They are grouped under five headings : bacteriology, anaesthesia, surgery, tropical disease and tuberculosis. They are entertaining and instructive ; they are intended to be read by the layman rather than studied by students or doctors. There is no index.

The title of the book is misleading. For example, the dentist who introduced ether anaesthesia could not be described as a Master of Medicine ; none of the names this expression suggests are mentioned, and oniy one connected with Guy's—Adrian Stokes who died of yellow fever while searching for the virus.

R.S.L.

Clinical Chemical Pathology by C. H. GRAY, D.SC., M.D., M.R.C.P., F.R.I.C., Edward Arnold Ltd. *Price* 10*s.* 6*d.*

This new book has been based on the author's course of lectures on Chemical Pathology to medical students. Although it is certainly not a comprehensive textbook of its subject, it should be very popular. It covers several important topics which puzzle many people, among these subjects being renal function, liver function and its assessment by laboratory means, fat digestion and absorption and calcification. Acid-base and fluid balance are also fully discussed. An appendix gives the routine tests for abnormalities in urine (surprisingly omitting the sulphosalicylic acid test) and normal blood chemical values with lists of conditions causing their variation.

This readable little book should be helpful to clinical students wanting help across the rather indefinite frontier between Biochemistry and Chemical Pathology.

P.S.B.

SPORT

SQUASH RACKETS

HOSPITALS' CUP FINAL

Guy's *v.* St. Bartholomew's

Result—Won 5–0

Guy's won the final of the Hospitals' Cup on Thursday, when they beat St. Bartholomew's 5–0. This is the first time Guy's have won the Cup since its inauguration in 1934.

S. Lam gave the hospital a good start with a very quick win at 2nd string, and proved himself to be a very much improved player.

D. Palmer at 4th string took a little time to settle down, but after that the match was quickly won. Palmer in the last game played a series of outright winners.

M. Chignell proved to be very much more experienced than his opponent and settled the whole match for Guy's by winning 3–0.

A. Pollock at 5th string gave one of the best performances probably of any of his games for the hospital. The 5th strings are usually expected to be adequate performers, but Pollock showed us some remarkably delicate "drops" and "angles", and in the end completely exhausted his opponent.

M. Lyon, the captain of the side, went on to the court knowing already his side had won. But nevertheless he quickly won the first game, and from then on class, asserted itself as it always will, and he showed himself to be the first class player that he is.

It must be said that Guy's this year have had their best side to date. The London University Shield was won, by beating the London Hospital in the finals, and also promotion to the second division of the Cumberland Cup.

The second team this year have remained unbeaten.

ASSOCIATION FOOTBALL

Guy's *v.* Ibis

At Honor Oak Park

Saturday, 13th March

Result—Won 5—2

Ibis provided keen opposition for a Guy's team which is now in very good form.

At first the game was even, but with the aid of a brisk wind Guy's began to attack persistently. After fifteen minutes Watmore opened the scoring when he headed home an accurate Oldfield corner kick. Watmore completed his hat-trick with two opportunist goals and Owen added a fourth before half-time.

Ibis came more into the game after the interval and their centre-forward, who was particularly prominent, scored twice with powerful shots. During this spell of determined Ibis attacking Rowlands made several fine saves, and Horsfield and Knight, who has returned to the team after injury, defended strongly. Just before the end Creed broke through and centred the ball for Watmore to score Guy's fifth goal.

Team : Rowlands ; Creed, Knight ; Horsfield, Crabtree, Beavis ; Owen. Major, Watmore (capt.), Sutton, Oldfield.

Guy's v. Phœnix Assurance

At Honor Oak Park
Saturday, 20th March
Lost—5—2

Guy's long wininng run was ended by Phœnix who were the better team on the day. Guy's fielded a team weakened by forward injuries and they failed to combine effectively.

Guy's started with ten men and were hard pressed at once. Phœnix scored before the eleventh man arrived and added two more goals in the first half, during which they were the superior team.

In the second half Guy's improved and began to play strong, attacking football. They reduced the arrears when Watmore put Grice through to score from close range. Watmore scored a second following good work by Oldfield and Guy's improved so much that it appeared they would earn a draw. However, several easy chances were missed in the next ten minutes and then, when Phœnix scored from a breakaway, they became disheartened and Phœnix scored a fifth goal just at the end.

Guy's defence did well to hold the Phœnix score to five goals, but the forwards played well only for a short time in the second half.

Team ; Rowlands ; Creed, Knight ; Crabtree, Lipington, Beavis ; Barnard, Grice, Watmore, Major, Oldfield.

HOCKEY

INTER-HOSPITAL CUP FINAL

The final of the Inter-Hospital Cup (Senior) will be played on 7th April, at St. Mary's ground, Teddington, when Guy's meet Middlesex. A coach will be leaving the hospital at 1 p.m. and supporters will be welcome.

Guy's *v.* H.A.C.

Result—Won 3–1.

Guy's were entertained by the H.A.C. on their pleasant ground at Armoury House and won an enjoyable game in convincing style by three goals to one.

The result of mid-week practice was apparent by the speed and verve with which the hospital played and it was no surprise when Willis gave the hospital an early lead with a well timed shot. Guy's continued to press without success until half-time ; the forwards lacked finish being generally inclined to hold on to the ball just too long.

Soon after half-time the H.A.C. equalised but Guy's soon regained the lead with a goal by Millar from a penalty corner.

The H.A.C. goal was submitted again and again to heavy attacks by the hospital forwards by the defence was only pierced on one occasion when Paul scored from the edge of the circle with a hard flick.

Scorers : Willis 1, Millar 1, Paul 1.

Team : W. A. Cahill ; D. R. Laney, N. Russell ; M. Mackenzie, R. W. Elsdon-Dew, D. Ackery ; N. Cooke, R. R. Paul, M. F. H. Willis, J. I. Millar, J. J. Hall.

Guy's *v.* Burnt Ash

Result—Lost 1-3.

Guy's lost to an experienced team whose positioning and hitting was an object lesson. The hospital need not be disheartened by losing to such a club ; it is only to be hoped that many important lessons have been learnt.

The game began with Guy's attacking strongly down a slight slope and very nearly taking the lead. However it was Burnt Ash who scored first through Kettle their county forward. Half-time found the hospital two goals down but fighting back with energy and determination. Laney at left back was completely reliable and Hall at inside-left tried hard to find an opening. Burnt Ash scored again with ten minutes left. But then the hospital came into the picture and submitted the Burnt Ash defence to a severe test. Once the goal fell when Willis drove the ball hard into the net and on another occasion Cooke very nearly scored but the final whistle went without any further srore.

Scorer : Willis 1.

Team : W. A. Cahill ; J. I. Millar, D. R. Laney ; M. Mackenzie, R. W. Elsdon-Dew, D. Ackery ; N. Cooke, R. R. Paul, M. F. H. Willis, J. J. Hall, K. Tyrer.

LADIES' HOCKEY

Guy's v. Bexley Hospital
Wednesday, 17th March
Result—Won 4—0

Guy's v. St. Ebba's Hospital
Wednesday, 24th March
Result—Won 7—0

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL DENTAL DEPARTMENT

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October 1954 :—

Department of Conservative Dental Surgery.

Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Clinical Dental Surgery.

Part-time Registrar to attend on 2 sessions per week.

Assistant to the Visiting Dental Surgeons.

Part-time Registrar to attend on 6 sessions per week.

Department of Dental Prosthetics.

Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Department of Preventive Dentistry.

Part-time Registrars to attend on 5 or 3 sessions per week.

Casualty Department.

Part-time Registrars to attend on 6 or 5 sessions per week.

Extractions and Minor Oral Surgery.

Part-time Registrar to attend on 6 sessions per week.

Dental Department for Children.

Part-time Registrar to attend on 3 sessions per week.

Orthodontic Assistants to attend for 3 sessions each per week.

Ante-Natal Clinic.

1 Dental Officer to Salomons Centre for 1 session per week.

Dental Officers to the Nursing Staff.

1 to attend for 6 sessions per week.
1 to attend for 3 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Saturday, 1st May, 1954.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered Dental Practitioners for the appointment of **half-time Demonstrator in Special Anatomy and Histology** to commence duties on 1st October, 1954. This appointment may be held in conjunction with a part-time lectureship, teaching Dental students, in the Anatomy Department.

Forms of application are obtainable from the Dean, Guy's Hospital Dental School, London, S.E.1. to whom applications should be sent not later than **Saturday, 1st May, 1954.**

APPOINTMENTS

D. M. Macdonald, F.R.C.S.E., F.R.F.P.S., L.D.S., appointed Assistant Dental Surgeon to Guy's Hospital.

NURSING STAFF

Sister E. Coulson to York Clinic.
,, E. Ashurst to Assistant Home Sister.
,, E. Roberts to York Clinic.
,, D. Cheetham to Assistant Home Sister, Orpington.
,, J. Yolland to *Auckland* Orpington.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 *line* 2*s.* 6*d.*, 3 *lines* 6*s. Box Numbers* 6*d. extra.*

Ordinary rates :
1 *line* 6*s.*, 4 *lines* 20*s.* *Box Numbers* 9*d. extra*

REBELLE—Coiffeur de Dames, 29 Berkeley Street, W.1.—offer their special mannequin service of 33⅓ reduction to students and members of Guy's.

TYPEWRITING, First class service by qualified typist at economical rates. Theses, manuscripts, testimonials, etc.—Box No. 33.

Wanted

ASSISTANT DENTAL SURGEON required by partnership of 3 Guy's men, Southampton. Immediate vacancy, fully equipped surgery with individual nurse/receptionist. Salary plus commission according to experience. Apply Box No. 37.

ASSISTANT DENTAL SURGEON required in Surrey. Senior partner retiring. Apply Box No. 39.

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Final Examination
K. Malcomson

L.D.S.
Final Examination
February—March 1954

Part I. Surgery.

J. E. Blinkhorn
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C. P. Briggs
I. M. Briggs
J. M. Cautley
J. C. Cranfield
B. T. Davies
P. Degens
K. M. Frew
P. H. Goddard
A. N. Greenwood
A. R. S. Hussain
J. M. Irwin
E. O. James
J. D. Lane
D. M. Lipington
P. A. Long
P. A. McGuckin
J. Metcalf
J. F. Pike
B. H. Pritchard
W. R. Thomas
Rose-Noelle Uren
P. J. Wege
C. J. Wilkinson

Part II. Dental Surgery.

W. F. Airey
D. J. Baynon
A. W. G. Cartwright
R. S. Crisp
P. Davies
V. C. Evered
D. P. Fawkner
J. M. Hauldren
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S. C. Jack
D. Lindsey
T. Lloyd
T. F. Lougher
D. M. Middleditch
G. Pearson
J. W. Sharpe
R. Ebsworth Snow
A. E. F. Stearn
G. A. Thomas

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CHANGE OF ADDRESS

G. A. Watkins, L.D.S.R.C.S., 12A Rotherfield Avenue, Bexhill-on-Sea, Sussex. (Private.)

BIRTHS

BISLEY.—On 27th February, 1954, at the West Middlesex Hospital, to Daphne (née Tuersley), wife of Basil L. Bisley, M.B., B.S., a son (Ian Trevor).

SAUNDERS.—On 11th February, 1954, at Bushey Maternity Hospital to Nan (née Janes), wife of Douglas Saunders, M.B., B.S., M.R.C.P., a daughter (Annabel Jane), a sister for Deborah and Mark.

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVIII No. 1715 17th April 1954 One Shilling

PASSIM

The Devil on Wheels.

LIKE other London hospitals, Guy's has many reminders of the past. Many relics of our history still usefully maintain their place in the Hospital economy. Indeed, almost the only relics are useful ones. We said *almost* for, just in time, we remembered the Externs' bicycles. These archaic contraptions, which are, we understand, partly maintained at the expense of the Hospital, serve to keep green the memory of Kirkpatrick Macmillan, the Dumfriesshire blacksmith who is credited with the invention of the bicycle. This worthy, scorned and persecuted like so many other innovators, was fined five shillings by Glasgow magistrates for " disturbing the peace of the parish ". Even in his own village he was likened to the " devil on wheels."

Kirkpatrick's bicycles had one overwhelming merit—they worked: even though they were not very beautiful ; therein being quite unlike the specimens which moulder quietly in the shade of the College, cocooned with rust and dirt. Possibly the economical problems of the Hospital preclude the purchase of new steeds for the obstetric heroes of the Borough. Could we, however, make a plea for the weary extern who has to try and select, usually at dead of night, the least crippled of the machines? Since at present not one is roadworthy, this situation represents a constant threat to the efficiency of " the district."

Two serviceable cycles seems a reasonable request. Can something be done about them ?

We record with deep regret the death on 28th March of Louisa Victoria Haughton, R.R.C., who was Matron of Guy's Hospital from 1907 to 1917.

The recent visit to Birmingham hospitals which was made by a party of students from Guy's was a great success. The kindness and hospitality of Dr. and Mrs. Parkes of Sutton Coldfield and of Mr. A. L. d'Abreu will long be remembered by those of us who went. Mr. d'Abreu very kindly organized much of the visit and we were privileged to watch one of his operating lists. In addition, he and his family entertained the whole party at his home on our way back from a visit to his Thoracic Unit at Bromsgrove. The Chairman of the Hospital Committee, the Chairman of the Medical Committee and the House Governor all welcomed us at the Queen Elizabeth Hospital.

We hope that a return visit by some Birmingham students may be organized before long and also that more visits to other leading centres may be arranged.

We congratulate the Hockey Club on winning the Inter-Hospitals' Cup. There is an account of the final match on page 166.

We congratulate the Rifle Club on winning the United Hospitals' Winter League for the first time since this competition was started in 1950.

The smell by the gate which excited our comment at the beginning of the year had its purpose after all. It inspired some students of the Preclinical Class to undertake an exercise in public health. They investigated the history and workings of the Borough sanitation and presented their findings to their colleagues recently. Much of their material was of great interest and we hope to publish some of it in the near future.

There is general approval of the new mauve belts which are now worn by staff nurses of white belt status. Mauve is, perhaps, not quite the right word as purple is nearer the shade which has been approved—in the twilight indeed, black belts and the new (shall we say "murple" ?) are almost indistinguishable. At all events the shiny white belts have gone for good.

White belt adieu! Your final round
Of thirty inches done—we hope
Some puce successor's never found
Blushing a strange
Heliotrope.

Many years ago the *Gazette* used to express expert or enthusiastic opinion on a variety of commodities, besides books, which were sent to the Editor for review. In this issue we are happy to recapture something of those splendid editorial scenes, unexampled we believe in modern times, by publishing a Beer Review. The modest crate of diabetic ale which we received at this office represents, we should like to hope, merely the trickling forerunner of a stream of gastronomic and vaporous delicacies. Perhaps we shall find (as we like it) books in the running brooks too.

GUY'S HOSPITAL CHAPEL

SERVICES FOR EASTER DAY, 18th APRIL.
7.0 a.m.—Holy Communion
10.45 a.m.—Morning Service and Address.

Holy Communion—Southwark Cathedral, 8, 9 and 11 a.m.

GUY'S DIARY

APRIL			Exhibition. Department of Surgery. *Surgery of the Testicle.* Exhibition. E. N. T. Department. *Sigmoid Sinus Thrombosis.*
22nd	Th	5.00	X-ray Meeting. Gordon Museum.
23rd	F	1.00	Dr. K. S. MacLean. Clinical Lecture. *Pain in the Arm.*
26th	M	1.00	Mr. R. C. Brock. Clinical Lecture. *Cardiac Arrest and Resuscitation.*
27th	T	1.00	Dr. P. J. Helliwell. Clinical Lecture. *Obstetric Analgesia.*
29th	Th	5.00	X-ray Meeting. Gordon Museum.
30th	F	1.00	Dr. Ralph Kauntze. Clinical Lecture.
		2.15	Combined Round. Pre-clinical Classroom.
MAY			
3rd	M	1.00	Dr. D. Stafford-Clark. Clinical Lecture. *What is Schizophrenia?*

Thirty Years Ago

From Guy's Hospital Gazette, 12th April, 1924.

. . . . . . a Committee was appointed last year to consider the question of a memorial to the late Dr. A. H. Fison, who was for many years lecturer in physics to the Medical School. It was decided to raise the sum of £500 for the endowment of a Fison Memorial Lecture, to be delivered annually by an eminent scientist or philosopher . . . . . . It will be remembered that shortly before his death Dr. Fison collected from students and members of the Staff a sum of money for the purpose of installing a wireless receiving set which he hoped to use for demonstration purposes. It was during the erection of the aerial that Dr. Fison met with his fatal accident.

The Fison Memorial Lecture for 1954 will be given on 28th May by Professor Stead.

Sixty Years Ago

From Guy's Hospital Gazette, 14th April, 1894.

GUY'S HOSPITAL TRAINED NURSES' INSTITUTION . . . . In the early part of 1893, Miss Sarah A. Swift succeeded Miss Nott Bower as Lady Superintendent of the Institution . . . . In addition to the actual salaries mentioned below, an Institution Nurse is supplied with uniform, has her washing and medical attendance free, and whenever she is not employed upon a case, she has a home provided for her, without expense, in the Institution . . . . When she has completed her training, and is placed upon the permanent Nursing Staff, she receives £25 for the first year, £30 for the second year, £35 for the third year, and £40 for the fourth year, after which she is not entitled to any further increase. In addition to this salary the Institution takes out for her a policy in the Royal National Pension Fund for Nurses, to produce for her an annual pension of £11 5*s.* at the age of fifty years . . . .

NOTICE

The 20th Annual Dinner of the Innominate Club will be held at the Trocadero Restaurant at 7.30 p.m. on Friday, 4th June, 1954. The price of dinner, excluding wines, will be 24/- (in advance).

Applications for tickets should be made to the Hon. Secretary, Mr. G. T. Hankey, 89, Harley Street, London, W.1.

A METHOD OF BREECH DELIVERY

By J. M. HOLMES, M.D., M.R.C.O.G.

THERE is little doubt that external version performed during pregnancy, after the 32nd week of gestation, without the aid of anæsthesia is still the best treatment for breech presentation and is associated with a fœtal loss of 1.7 per cent. (Peel and Clayton 1948). The stillbirth and neonatal death rate of attempted external version under general anæsthesia in 692 cases collected from the annual reports of Guy's, Queen Charlotte's, University College, King's, Royal Free and Farnborough Hospitals published since 1946, suggests, however, that the use of anæsthesia permits the use of excessive force which may result in a fœtal loss greater than that of breech delivery conducted under best possible circumstances.

TABLE 1

	No. of Cases
Attempted external version under general anæsthesia ...	692
Failure to perform version under general anæsthesia ...	195 (31.5 *per cent.*)
Stillbirth and neonatal deaths with vertex presentation following successful external version under general anæsthesia	62 (12.5 *per cent.*)
Stillbirth and neonatal deaths with breech delivery following failed external version under general anæsthesia	18 (9.2 *per cent.*)

No attempt has been made to correct these figures for fœtal abnormality, etc., but it is assumed that such factors operate to an approximately equal degree in the two groups.

In every antenatal clinic there will remain a number of patients in whom external version has failed, in whom the breech presentation has been missed, who are not seen until labour is well advanced, with twins and with an unstable presentation, some of which are best delivered as a breech. If these patients are permitted a domiciliary confinement a fœtal loss of 20 per cent. for uncomplicated breech deliveries (Cox 1950) can be anticipated and the elaborate technique necessary to reduce this fœtal loss to 3 per cent. or less (Dieckmann 1946 and Cox 1950) is best suited to hospital practice. However, every general practitioner will be required to conduct a breech delivery at some time during his career and it is hoped that the method to be described will be of some assistance.

Indications for Cæsarean Section

Breech delivery should not be permitted in the presence of a contracted pelvis, severe uterine inertia, a marginal or central placenta prævia, a presentation of cord, a pelvic tumour, and a fœtus whose estimated weight exceeds 9 lb. The additional hazard to the fœtus is not usually justified in the primipara who is either over 35 years or who gives a history of prolonged infertility, or who is suffering from diabetes mellitus.

Assessment of the Pelvis

A vaginal examination should be made preferably before the onset of labour and the pelvis carefully assessed. An X-ray pelvimetry and a straight X-ray of the fœtus to exclude skeletal deformities are desirable.

Management of 1st stage of labour

Vaginal examinations should be performed at the onset of labour to exclude pelvic contraction and presentation of cord, when the membranes rupture to exclude the development of prolapse of the cord and to confirm full cervical dilatation. A slightly prolonged first stage can be anticipated especially if the legs are flexed and because of the risk of prolapse of the cord (Frank breech 0.3 per cent., Complete breech 6.7 per cent., Footling 11.1 per cent.), the patient should be confined to bed.

Anæsthesia

During a breech delivery it is important that the patient is either fully anæsthetized and relaxed or fully conscious and co-operative. A semi-anæsthetized patient struggling and vomiting with the fœtus half delivered can be a most alarming experience and frequently results in a stillbirth. Thiopentone unfortunately relaxes the cardiac sphincter and this may result in gastric contents being regurgitated and inhaled. Chloroform may give rise to cardiac irregularities and sudden death, and other forms of inhalation anæsthesia are irritating and require 5 to 10 minutes to complete induction. A pudendal nerve block, however, provides analgesia and sufficient muscular relaxation to allow all the necessary manoeuvres for breech delivery without these disadvantages. If, however, because of delay of more than one hour in the birth of the buttocks or because of fœtal distress it is considered necessary to bring down a leg this should be performed under general anæsthesia, the induction of which is thus carried out before the delivery of the buttocks, and before compression of the cord.

Pudendal nerve block

Approximately 70 ml. of 1 per cent. procaine solution containing 300 units of hyaluronidase are required. Using a strict antiseptic technique the subcutaneous tissue underlying the labium majus (10 ml.), the perineum (5 ml.) and the ischial tuberosity (5 ml.) is infiltrated on both sides. Then using two fingers in the vagina as a guide the para-vaginal connective tissue (5 ml.) is infiltrated. Finally with two fingers placed on the ischial spine 10 ml. of solution are injected just beneath the spine around the pudendal nerve. Care is taken to avoid intravenous injection and penetration of the vaginal mucosa. By this means the pudendal nerve and the perineal branches of the ilio-inguinal and posterior cutaneous nerves of the thigh are blocked.

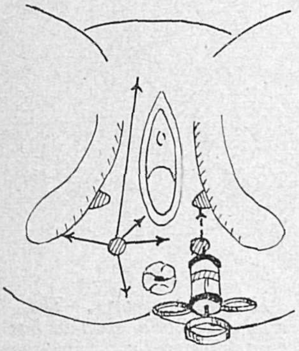

Fig. 1

Pudendal nerve block. The pudendal nerve, the perineal branches of the ilio-inguinal and posterior cutaneous nerve are infiltrated with 1 per cent procaine.

Fœtal loss in breech delivery

Fœtal loss is due either to intracranial hæmorrhage or to asphyxia and these two hazards may be reduced to a minimum by rapid delivery of the infant as far as the shoulders, and then very slow extraction of the head. It is generally taught that, in spite of cord compression, spontaneous delivery of the trunk and shoulders should be awaited, but this wastes valuable minutes and reduces the available time for the slow delivery of the head.

Delivery of the buttocks

Following the completion of the first stage a catheter is passed, the bladder is emptied and the patient is encouraged to bear down with each uterine contraction. As soon as the buttocks begin to distend the perineum, she is placed in the lithotomy position and the pudendal block is inserted. The routine episiotomy is not performed until the infant's anus can be seen at the posterior margin of the vaginal introitus and this temporary delay in the primipara ensures that the cervix is fully dilated before delivery is commenced. If the buttocks are not completely born within five minutes of performing this episiotomy delivery is assisted during each uterine contraction by placing the forefinger in the anterior groin and applying traction backwards and downwards in the axis of the birth canal. The legs of an extended breech are released from the vaginal canal by flexion at the knee. A loop of cord is pulle ddown to avoid traction on the umbilicus and the fœtal pulsations noted.

Delivery of the shoulders

Without delay the shoulders are delivered by Lövset's manœuvre (Lövset 1937) and, in a personal series of 35 breech deliveries and extractions with one fœtal death, this has never been found to fail. Because the hand is not introduced into the vagina there is less risk of sepsis, trauma to soft parts or fracture of the infant's humerus and clavicle, than in the classical method.

The mother is told to stop pushing and the infant is grasped firmly by its thighs with the thumbs placed over the dorsal aspect of the infant's sacrum. Gentle steady traction is made in the axis of the birth canal and at the same time the infant is rotated to bring the posterior shoulder beneath the pubic arch. This may not succeed at the first attempt, in which case the infant is rotated back through a further 170° keeping the back uppermost. The arm is released from the vagina by hooking the forefinger into the cubital fossa before rotating the fœtus and delivering the other shoulder.

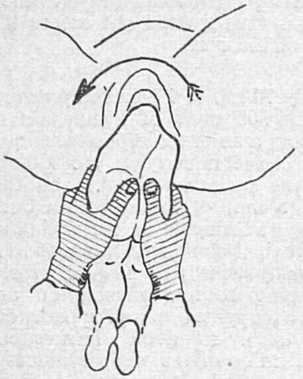

Fig. 2
Lövset's manœuvre. The infant's back is to the mother's left. The thighs are grasped and traction is applied in the axis of the birth canal and at the same time the infant is rotated anti-clockwise in the direction of the arrow.

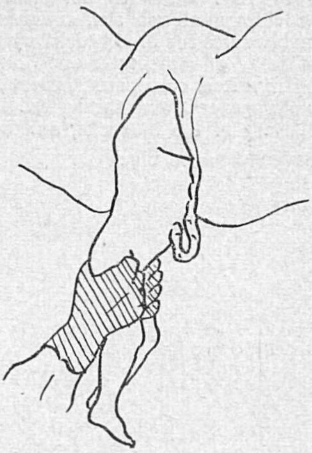

Fig. 3
Lövset's manœuvre. The original posterior shoulder has been delivered, but the forearm remains within the vagina.

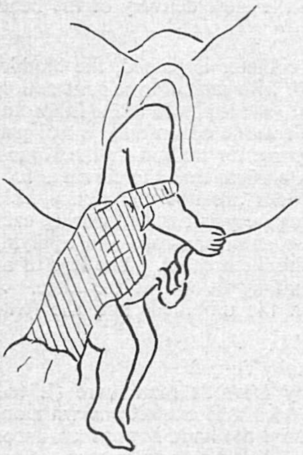

Fig. 4
Lövset's manœuvre. The arm is released from the vagina.

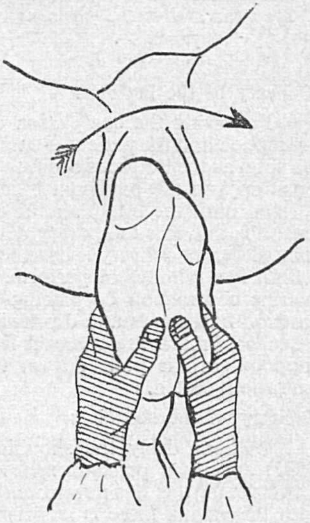

Fig. 5
Lövset's manœuvre. The infant is rotated in a clockwise direction keeping the back uppermost and the other shoulder and arm delivered in a like manner.

Delivery of the Head

Many methods have been advocated for the delivery of the head, but the use of Wrigley's obstetric forceps is recommended without hesitation. Forceps avoid the dangers associated with other methods—of fractured clavicle and jaw, hæmatoma of the sternomastoid muscle, dislocation of the cervical spine, branchial nerve palsies and tearing of the buccal mucosa. They maintain flexion of the head and may serve as a protective cage. They facilitate controlled traction and permit the establishment of respiration before the delivery is completed.

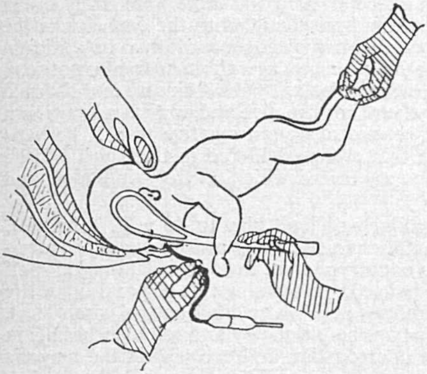

Fig. 6

Delivery of the head. An assistant grasps the infant by its ankles, the forceps are applied and the head delivered slowly by intermittent traction. The upper respiratory passages are aspirated and respiration established.

First the head must be brought into the cavity of the pelvis and this is effected by allowing the infant to hang downwards by its neck after the method suggested by Burns and Marshall. On rare occasions digital jaw traction may be necessary to bring the head through the brim, but under no circumstances should suprapubic pressure be applied.

An assistant is instructed to grasp the infant's ankles and hold it horizontal. The forceps are well lubricated with antiseptic cream and using a guiding hand each blade is passed beneath the infant's trunk and gently slipped on to the aftercoming head. The umbilical cord is pushed to one side before locking the handles.

Gentle intermittent traction is applied in the axis of the birth canal and the head is very slowly delivered over a period of 10 to 15 minutes. A sterile mucus extractor with a rubber female catheter attached is used to aspirate the upper respiratory passages as soon as the mouth becomes visible and respiration is established before completing the delivery. There is a tendency for the expulsion of the head to be precipitate during the final stages of delivery and this rapid decompression should be prevented by gentle digital pressure on the infant's brow.

The third stage of Labour

If pneumotaxis is established the cord is left undivided until the placenta is separated and this may provide the infant with an additional 100 ml. of blood from the placenta.

The absence of general anæsthesia reduces the risk of asphyxia neonatorum and postpartum hæmorrhage, and the pudendal nerve block permits episiotomy repair without the aid of further analgesia.

Conclusions

The factors, which have been responsible for the high incidence of fœtal and maternal morbidity and for the large number of stillbirths and neonatal deaths, include inadequate analgesia and prolonged or dangerous methods of inducing general anæsthesia during delivery, omission of episiotomy, delay in the birth of the trunk and shoulders, internal methods of delivering legs and arms, jaw and shoulder traction, hyperextension of the cervical spine, fundal pressure and rapid delivery of the head. A method of delivery which reduces these risks to a minimum is described.

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GUY'S THEATRE CLUB

THE LADY'S NOT FOR BURNING

The Theatre Club's Winter programme, postponed until the Spring because of illness in the cast and subsequent devotion of the Club's organizing and technical talent to their very generous and invaluable contribution to the Residents' Play, more than maintained their reputation for ambition, courage, imagination and versatility. Christopher Fry's first major success as a dramatic poet calls for the highest degree of professional skill in its interpretation, and there were many in the Hospital who had openly expressed doubt and misgiving as to the capacity of the Theatre Club to carry off this extremely difficult project successfully. Its criticism therefore presents a difficult and exacting task; because the whole-hearted emotional approval and goodwill due to such a spirited choice and such a sincere and devoted production, must not be allowed to overwhelm constructive and considered criticism which must always be the due and just reward of honest creative work. Perhaps the reviewer may be permitted the hope that criticism offered in this spirit will be accepted as a compliment and the encouragement which is truly intended and certainly deserved.

The Lady's Not For Burning is a peculiarly difficult play to do well. The plot, considered as a story, is almost trifling; a discharged soldier arrives one April afternoon at the turn of the 14th century in a country market town, proclaiming himself disgusted with life and demanding to be hanged. In pressing this demand upon the town's petty and pompous mayor, he confuses and finally confounds a witch hunt, with whose victim, a beautiful young woman, he ultimately and reluctantly falls in love. After an evening divided between interrogation and carousel in the mayor's house, they are permitted to escape together. There are a number of more or less inconsequential minor characters, all of whom are made the vehicles of exquisite poetry from time to time. The play stands or falls upon two essential pillars: the capacity of the whole cast to reflect the sensibility and beautiful precision of the verse and its numerous undertones of deeper meaning, which convey the author's religious sense and ironic compassion for humanity; and the definition of the hero's character, which is intended to dominate the play. It therefore calls not only for acting of a very high quality indeed, but also for a technical mastery of the art of speaking poetry without either reciting it on the one hand, or throwing it away in stagecraft or buffoonery on the other.

" Oh, the delicate mistiming of women "

The cast rose to their task with inspired courage, but not with unqualified success. Unfortunately the nearest to a complete flaw in casting came in the choice of Mr. Wilkinson to play the part of Thomas Mendip, the eloquent and disillusioned soldier. As producer Mr. Wilkinson handled the rest of his cast with imagination and admirable control, but he was clearly unable to see his own contribution as leading actor in full perspective. He treated the role with a personal modesty and diffidence which robbed it of conviction, although he clearly had studied and felt his way into the heart of the poetry which fills the part. In characterization he could hope for very little help from the author, and this perhaps is a flaw in the construction of the play itself. The soldier is supposed to be " more than half in love with easeful death " to quote another and perhaps even greater poet. Yet despite his misanthropy and oft expressed scorn and disgust for human life and affairs, he is given a sensitive and poetic appreciation of life's beauty which such an embittered man would scarcely be bothered to express.

> "Out here is a sky so gentle
> Five stars are ventured on it. I can see
> The sky's pale belly glowing and growing big,
> Soon to deliver the moon. And I can see
> A glittering smear, the snail-trail of the sun
> Where it crawled with its golden shell into the hills.
> A darkening land sunken into prayer
> Lucidly in dewdrops of one syllable,
> Nunc dimittis. I see twilight, madam."

and again

> "...... There it is,
> The interminable tumbling of the great grey
> Main of moonlight, washing over
> The little oyster-shell of this month of April :
> Among the raven-quills of the shadows
> And on the white pillows of men asleep : ......"

To be sure he says a great deal more besides, in support of his vexed and arrogant dismissal of man and the world. But his is a complex inconsistent character which needs a greater subtlety of portrayal and a wider range of interpretation than Mr. Wilkinson seemed able to command. As a result the hero tended to stumble from divine discontent down into a mere tedious disgruntledness, and one found the heroine's mounting infatuation for him, together with the rest of the cast's unwillingly compelled admiration, somehow increasingly hard to accept. Yet for all this Mr. Wilkinson played the part honestly and patiently. What he lacked was the force without which it was bound to falter.

In the part of the lady, Miss Lidiard gave a confident and sensitive interpretation, although her experience and poise did not wholly prevent her from occasionally giving a self-conscious twist to the verse. But this was something which not even Pamela Brown, her most distinguished predecessor in the part, was wholly able to avoid. Mr. Osborn and Mr. Pitt as the quarrelsome, lascivious, worldly, but not unlikeable brothers, both had force and gusto; within the limits of their easier parts, they were excellent, although Mr. Osborn sacrificed his lines to speed and mannerism more than once. The second and wholly minor pair of lovers, Richard and Alizon, were gentle but sometimes uncertain; they maintained a dutiful fidelity to the spirit of their part despite occasional difficulties in remembering it.

". . . now you hold in your hand a race of summer gardens . . . "

" . . . . *I Know,*
I was a child three hours ago."

Of the other characters Peter Wilson was perhaps the most accomplished of all in a wonderfully imaginative portrayal of the bumbling and rather crave chaplain, who nevertheless was capable of diffident, honest, and simple humility. He managed to make the chaplain a figure of fun without robbing him of his inherent dignity, a most sensitive and talented performance. Mr. Alexander as mayor was ingenious in his early mannerisms, but seemed to have a relatively limited repertoire with which to sustain the part and so tended to become repetitive, although he contrived to retain a firm hold on the role throughout the play. Mr. Bowman and Miss Ball turned in competent and honest jobs in two rôles which asked for little more, and Mr. Enfield brought a vigorous and uproarious taste of the Borough into the portrayal of the drunken rag and bone man whom the soldier claimed falsely to have murdered.

In one of his earlier and more bombastic orations, Thomas Mendip the soldier has this to say :

" Why should these omnipotent bombinations
Go on with the deadly human anecdote, which
From the first was never more than remotely funny ?
No; the time has come for tombs to tip
Their refuse; for the involving ivy, the briar,
The convolutions of convolvulus,
To disentangle and make way
For the last great ascendancy of dust,
Sucked into judgement by a cosmic yawn
Of boredom ...... "

Herein lies the author's challenge to himself and to his audience; because neither he nor they are intended to agree with this view of the tediousness of human existence, although it is the hero of the play alone who not only proclaims but even occasionally exemplifies it. It is immensely to the credit of the Theatre Club as a whole that they too managed to put over this difficult, exciting, exasperating and yet delicately moving and beautiful play without ever falling flat on their faces, singly or collectively, and with occasional flights of inspiration which almost, although perhaps never quite entirely, took them to the stars. They are indeed a splendid asset to the Hospital, and although as mere mortals they do not command perfection, they need not be afraid of anything.

D. S-C.

DENTAL SOCIETY DINNER

The picture taken at the last dinner which we promised to publish in this issue has not yet come to hand. We offer apologies to our readers, and hope to print it on May 1st.

AN INTRODUCTION TO GENERAL PRACTICE

BY NIGEL G. NICHOLSON, M.B., B.S.

RECENTLY my partnership advertised for an assistant with a view. The applicants for the post were numerous and varied, and since a partner has been appointed I feel that a few comments on the subject would be of interest to many readers of the "Guy's Gazette."

Since the war the specialist field has been over emphasised in the minds of recently qualified doctors and students, and an overwhelming number have joined the mill-stream, only to find that their place in the queue was too low to achieve real success before their retiring age unless they were brilliant. It is natural therefore, that the emphasis today is going back to a correct perspective, and students are beginning to realise that the majority are destined for general practice.

Any doctor applying for an assistantship with a view to partnership, should first have some experience of general practice as an assistant elsewhere. Otherwise he will have no opportunity of finding out whether he likes general practice, and if so in what kind of district he would like to work.

Generally speaking the country practice is more satisfying, the cost of living less, and the amount earned by capitation on the National Health Service less also. The urban practitioner on the other hand has a more hectic life, a higher salary, a larger practice, higher cost of living, and more tax to pay. The country practitioner has to stand on his own feet more, whereas the urban doctor can get specialist help more easily. It is only by experience therefore, that a doctor can decide what sort of practice he would like, and further how to assess the partners he is contemplating joining. It should be of interest to many to know that an assistantship without a view to partnership is easy to find, and there is no need to be rushed into the first vacancy which comes your way.

Since the National Health Service came into effect in 1948, special arrangements have been made for obstetrics in general practice. The normal arrangement whereby a doctor is paid a capitation fee, no longer applies. A woman who is pregnant may obtain the services of a doctor for her pregnancy if he agrees to accept her. She may apply to her own doctor or another doctor who is recognised by the local Obstetric Committee as having special experience in obstetrics. Such a doctor is generally referred to as being 'on the obstetric list.' Doctors who are not on the obstetric list can only attend and claim for patients for maternity purposes who are on their National Health Service list.

Doctors who are on the special obstetric list may attend their own patients or those of another doctor. They are also paid a larger fee for each pregnancy they attend. Before a doctor is accepted on the obstetric list he must satisfy one of the following :—

1. Have a D.R.C.O.G. or higher diploma.
2. Have done a residential obstetric appointment.
3. He must have attended a specified number of obstetric out-patients sessions, and also a specified number of abnormal confinements.

These requirements are so exacting and the patients required to be seen so numerous, that it would take some years to satisfy them in general practice once you have started.

It follows from all the above, that obstetric experience is of fundamental importance to general practice today, as a doctor may not employ an assistant or even his partner to deputise for him in maternity cases, unless he is on that list. Therefore, in most instances where an assistant with a view to partnership is sought, the first qualification that is looked for today is a D.R.C.O.G., or a resident obstetric appointment. There is no doubt that good obstetrics are the very foundataion of a new and healthy practice.

There are three ways of finding assistantships :—

1. From advertisements in the Medical Journals.
2. Through a Medical Agency.
3. By personal contact.

The third method is the most satisfactory for all parties. It is best achieved by getting on friendly terms with general practitioners in your district when you are still working as a resident in hospital. By such personal contact you will also learn to understand the general practitioners approach to life, and to be a little less critical of a branch of medicine about which you will only get to know from experience.

When applying for a job through an agency or journal there is no official form of application. It is, therefore, important to include the essentials at the first application which are as follows :—

1. Full name, address and telephone number.
2. Age.
3. Qualifications and where qualified.
4. Whether married or single; if married whether any children, and whether the wife has somewhere to live until accommodation is available.
5. Nationality.
6. Religion.
7. Previous experience with special reference to general practice and obstetric house appointments.
8. Whether you own a car.
9. If applying for an assistantship with a view, whether you have the capital to buy a house.

In applying be brief and incorporate all the above facts in paragraph form with headings where necessary. Do not apply by telephone. If you want a negative reply, you are more likely to get it if you enclose a stamped addressed envelope, but if you are considered you will almost certainly be approached by telephone. Applications in legible handwriting are more acceptable than type written ones. Spelling mistakes are inexcusable. Finally remember when you are applying for a job, that your whole future may depend upon it; infinite care is, therefore, essential.

Attending for interview.

If an application for assistantship is being considered, you will be asked to attend for an interview. There are so many points in meeting potential employers or partners, that it is difficult to know what to stress. Many are so obvious that people are offended if you attempt to tell them. For example, have a tidy bearing, your hair cut and your finger nails clean. Do not shake hands with your left hand in your pocket.

You will find that in many cases your interviewers are less experienced than you are at being interviewed. It may be difficult for them to find appropriate questions to ask you, but they will be watching you with an experienced eye.

When you are asked if you have any questions, do not immediately enquire about off duty. Ask about the size of the practice, type of patients, distances covered, consulting hours etc. In other words take an intelligent interest in your future job, and address at least the senior partner as 'Sir'. When answering questions look your questioner straight in the eyes.

BEER REVIEW

Holsten Diabetic Beer

Messrs. Peter Prime, of 55 Farringdon Street, London, E.C.4, have kindly sent us a small quantity of this German product for trial. We carried out an Editorial clinical trial and liked the effect and thought that the taste was good and resembled that of Danish Lager though it was slightly metallic. A bottle was sent for review to the Physician-in-Charge of the Diabetic Clinic at Guy's, who very kindly sent us this note :—

> "Diabetics have to put up with a great deal at the hands of the patent food manufacturers. There are numerous "diabetic" foods of the market, most of which are not only extremely expensive but are also unpalatable. It is therefore a pleasure to sample a diabetic food which has some resemblance to the real thing and which is reasonable in price.
>
> Holsten beer is a lager of the Pilsener type. It has a gravity of 1050 and has a high alcoholic content—though it is difficult to estimate this through sampling only one bottle. It lacks carbohydrate and sugar, and so is suitable for diabetics and obese individuals. It is not unpalatable, but when compared with an ordinary lager it is distinctly thin in flavour. Each bottle, which contains about half a pint, costs 2/–.
>
> Holsten beer will make an agreeable change for those who can afford it, but the average diabetic will probably prefer to go without a slice of bread and have a pint of mild instead."—C.H.

This beer may be obtained from Messrs. Prime who will be pleased to answer any enquiries.

CORRESPONDENCE

Letters to the Editor of the Gazette

Guy's Men in South Africa.

From the Superintendent.

SIR,—Some of your readers may be interested to hear the names of the old Guy's men whom Sir John Conybeare and I met during our recent visit to South Africa.

During our stay in Cape Town, J. A. Currie (1923), organised a large cocktail party at which were present all the Guy's men he could collect together with some of the prominent physicians and surgeons in the town. This was a most successful evening and we met many old friends. Unfortunately we have not got a list of all the Guy's men who were there but the following were among those present :—

F. W. Bekker	(1922)	R. W. Pickering	(1932)
D. S. Davies	(1922)	R. McDonald	(1934)
P. J. Walters	(1922)	Louis Babrow	(1939)
R. Hofmeyer	(1923)	C. F. Ziervogel	(1943)
J. A. R. Moore	(1924)	A. J. P. Graham	(1944)
J. T. Linklater	(1923)	F. W. Retief	(1949)
E. I. Liberman	(1924)	J. A. J. Smith	(1951)

Other Guy's men whom we met whilst in Cape Town were :—

J. M. Brydone	(1900)	G. Zondagh	(1923)
H. L. James	(1912)	J. Van A. Steytler	(1940)
J. C. Gie	(1917)		

We were greatly indebted to L. S. Williams (1926) and his wife (née Major Lucas, a Guy's nurse of the same period), for the enjoyment of the last fortnight of our stay in South Africa. They came down from Johannesburg, over 1,000 miles, and took us in their car along the garden route to Port Elizabeth and then back as far as Hermanus. In Port Elizabeth we had a very pleasant dinner at the Club at which the following old Guy's men were among those present :—

W. H. Craib	(1923)	C. L. Steyn	(1926)
E. Orsmond	(1923)	L. E. Lane	(1927)
J. P. Hartman	(1924)	H. I. Maister	(1927)
R. A. M. Dyke	(1926)	D. Le Clus	(1950)

On the return journey from Port Elizabeth we stayed a night at George where we were royally entertained by P. K. Albertyn (1923). On arrival at Hermanus we met P. T. Krige (1921) in his capacity as Captain of the local Golf club. F. Bekker came to Hermanus and drove us by car back to Cape Town a few days before we sailed.

May we take this opportunity of again thanking all the Guy's men who made our holiday so enjoyable. Their hospitality was so over-whelming that we found it impossible to accept all their kind invitations.

Yours etc.,
W. D. DOHERTY,

The Residents' Play.

SIR,—Your reviewer of the Residents' Play leads one to suppose that the higher level of acting now reached is partly due to the fact that Residents can appear in more than one play. This was always possible before the war and from my own personal experience I do not think it had very much effect on the standard of acting, though I think perhaps the second appearance requires rather less " boost " beforehand !

The fact that there are now more Residents to choose from—as your reviewer stated—appears to me to be a more likely explanation of a higher level of dramatic ability. It must be a great help for the leading actors not to fear that some unwilling victim of the press-gang is suddenly going to dry up and a relief for the retiring to escape the press-gang himself.

Yours etc.,
ROADSWEEPER '38.
COLLEGE PORTER '39.

REVIEWS

Clinical Medicine in General Practice. Edited by JOHN FRY. M.B., F.R.C.S. J. & A. Churchill Ltd. *Price 27s. 6d.*

This book is written by eight General Practitioners and as Dr. Fry says in his preface is not written for any one Medical Group.

The early chapters on "What is General Practice" "Planning and Organisation" and "A day in General Practice" will be of great value to entrants to General Practice. Young Consultants too would learn from the chapter on "Planning & Organisation" how his colleague works; in this chapter the section on relations with hospital and Consultants is particularly good. The older practitioner will find much of interest in the rest of the book which is refreshingly up-to-date. In Chapter 2 one is sorry to see any advocacy for the use of any part of a General Practitioner's home as a waiting room. It should not be necessary for a patient to wait in the living room to make him, or her, "less awed and more confident." The later chapters are devoted to the common disorders seen in General Practice and are grouped conveniently into systemic disorders with useful chapters on children, the aged and the common fevers.

As is to be expected with a composite book, the chapters are a little uneven but there has been a commendable lack of overlap. Some of the authors have attempted too much; for example, temporal arteritis and Still's disease are not worthy of a place in this book. The chapters most helpful to those in practice will be those obviously drawn from the author's own experience—a few contain large sections which might have been taken straight from a modern textbook of medicine.

Inaccuracies are few though some are worthy of mention. On page 131 we are told that with a sore throat "a rash denotes infection by organisms with an erythrogenic toxin and most of them are relatively mild, clearing spontaneously in four or five days and should not be regarded as scarlet fever with isolation for weeks on end and admission to hospital". Surely a "streptococcal throat" with a scarlatiniform rash however mild must be called scarlet fever, though isolation need not be long nor admission to hospital obtained. The advice on page 177 is much to be preferred. A smooth upper denture never causes a smooth tongue. Osteoarthritis never causes a true ankylosis of the hip joint. Aortic stenosis never occurs in luetic infection. The chapter on "Children and their ailments" makes no mention of the all too common threadworm infestation which worries so many mothers, except as a cause of enuresis—surely rare.

These are minor complaints and the book can confidently be recommended and demonstrates General Practice at its best and most satisfying. Dr. Fry is to be congratulated on his choice of contributors. D.P.F.

Outlines of Industrial Medicine, Legislation and Hygiene. By JAMES BURNET, M.A., LL.B.(Lond.), M.D., F.R.C.P.E. Second Edition : John Wright & Sons Ltd. (117 pages).

Outlines can be good, especially when enough light is shed on the body outlined. Marilyn Monroe is a case in point. The author of this outline presents a framework of fact, at times to the exclusion of principle. Because of this, understanding can be difficult to come by. One could wish for a more physiological approach ; for less listing of symptoms and signs, and more explanatory pathology ; for more concern with interpersonal and group relationships. It may be that Dr. Burnet's interest has been focused on certain aspects of Occupational Health. This would explain some imbalance in his use of stress and detail. It would also explain his expert explanation of Silicosis, the National Insurance (Industrial Injuries) Act, and his worthwhile advice to general practitioners. The book is said to be a second edition, fully revised, but certain out-dated detail has been included. One dating and perhaps debatable phrase is ". . . the medical officer should be a specialist in this sphere and not an ordinary general practitioner who . . . has quite enough to do to attend to his insurance patients." "Insurance patients?" . . . well . . . but who ever hears, these days, of an "ordinary general practitioner" ? J.C.

Practical Clinical Biochemistry. By HAROLD VARLEY, M.Sc., F.R.I.C. 1954. William Heinemann. *Price 42s.*

This book meets a real need, and meets it well. Written primarily for hospital laboratory workers, as a practical survey of a rapidly-expanding field, it will certainly be appreciated by the "registrars training in clinical pathology, hospital pathologists and laboratory technicians" to whom the author hoped that it would appeal. A comprehensive and up-to-date account of methods old and new has been packed into a reasonably small volume, with simple and lucid indications of their principles, merits and shortcomings. While the book gains a good deal from being written by a biochemist, there is also much helpful application of results to clinical medicine. It is a pity that an account of the flame-photometer is followed by a discussion of salt depletion still dominated by chlorides, sodium only being mentioned at the end as more important, but no doubt the author intends to correct this emphasis as flame-photometers become more generally available. This well-written and well-produced book will become a valuable part of the equipment of most clinical laboratories. D.C.T.

Medicine: Essentials for Practitioners and Students. G. E. BEAUMONT, M.A., D.M., F.R.C.P., D.P.H. 6th Edition, 1953. J. & A. Churchill Ltd. *Price* 37*s*. 6*d*.

In the preface to the first edition of this textbook in 1932, Dr. Beaumont wrote that he had tried to produce a book containing the essentials of medicine which would not be too long, which could be used by the student preparing for his final examination, and which would also be of assistance to the general practitioner. The sixth edition of this book has been published, probably the only textbook of medicine still existing to be written by a single author, and it adheres to the principles above.

Any textbook of limited size is always open to criticizm, for the facts must be tightly compressed, and theories or debatable points tend to be dismissed with little or no discussion. So it is here, and space is devoted chiefly to the description of clinical pictures and physical signs, whilst ætiology and prognosis are somewhat neglected. Too often the reader is told that the prognosis is grave and little else. Many lists of causes of diseases and syndromes are given, seldom with any clear indication of frequency or rarity.

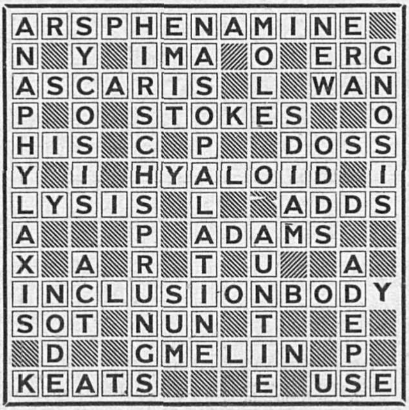
Treatment is dealt with in some detail for the most part and with the exception of one or two cases is well up to date. The minimum dosage of penicillin advised in bacterial endocarditis, for example, is inadequate by today's standards, and the reader is advised to begin the treatment of epilepsy with bromides and liquor arsenicalis. The book has been brought up to date with new articles on such diverse subjects as anti-coagulant drugs, the collagen diseases, fever, and diaphragmatic hernia, this latter being most disappointing, whilst other sections have been added or re-written.

Whilst this book contains much sound and up-to-date information, there is much that is far too sketchy and confusing. Furthermore, careful reading of the less recent sections reveal statements which are out of date or even opposed to the views now generally held.

Finally, it should be noted that the author deliberately omits sections on psychiatry and dermatology. G.W.S.

RESULT OF CROSSWORD No. 4

appearing in our last issue.



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H	I	S	▨	C	▨	P	▨	▨	D	O	S	S
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SPORT

HOCKEY

Final of the Inter-Hospitals' Cup

Guy's *v.* Middlesex

Result—Won 3–2

For the seventh consecutive year Guy's reached the Final of the Inter-Hospitals' Cup and after a hard played match emerged winners by three goals to two. Their opponents in this game were the Middlesex Hospital, who to reach the final had scored nearly twenty goals without having one scored against them; this included the defeating of St. Thomas' Hospital by seven goals to nil.

Once again the pitch at Teddington was in perfect trim and the game was played in ideal conditions before a fair sized crowd.

The game began at a fast pace with Guy's doing most of the attacking ; this soon produced a goal—a quick pass from Paul to Cox and a deflection to Millar who put the ball into the net.

The rest of the first half saw no further score, the forwards trying in vain to pierce strong defences.

After half time a long pass to the Middlesex left wing was hit firmly into the Guy's circle where a defender deflected the ball upwards towards the goal. Cahill in attempting to stop this ball hit it to the feet of a Middlesex man who promptly scored.

Within five minutes Guy's again took the lead this time by Cooke who pounced on a rebound and hammered it into the net.

Guy's were now on top and did everything but score; a goal was disallowed because an attacker was offside, and another goal from a penalty corner was also disallowed because of sticks. The Middlesex defence held firm and with a very good movement their centre-half, Weir the Scottish trialist, started an attack which resulted in Middlesex equalising once again. This goal clearly worried Guy's and for several minutes their hockey suffered; but eventually they regained confidence and with five minutes to go Linahan sent Cooke away on the right wing with a good pass and Cooke, taking the ball into the circle, passed to Millar who running quickly up scored.

Guy's owed this victory to their ability to play good hockey as a team. The half-backs were especially good with Linahan outstanding. The wing-halves marked the wings very well and consequently all passes had to be pushed into the centre where Linahan was a tower of strength. The backs also played well and hit hard and accurately when occasion demanded.

The forwards moved the ball about well and Cox in the centre, who was called upon at the last moment to replace the injured Willis, did not belie the confidence placed in him. It was unfortunate that after such a successful season Willis should have been injured just three days before this very important game.

Thanks are due to the Umpires for the admirable way in which they controlled the game and to our spectators for their support.

Scorers : Millar 2, Cooke 1.

Team : W. A. Cahill, D. R. Laney, H, M. Tuddenham, M. Mackenzie, D. Linahan, R. W. Elsdon-Dew, N. R. Cooke, R. R. Paul, M. Cox, J. I. Millar (Captain), J. J. Hall.

MIXED HOCKEY

Guy's *v.* Guinness

At Guinness's

Result—Won 3–2.

Goals : Allin 1, Millar 1, Platt 1.

ROWING

In the Head of the River Race at Putney, on Saturday, 27th March, 1954, Guy's Hospital entered two crews. Unfortunately, owing to illness M. Boundy was unable to row on the first VIII. H. Plowright, stroke of the second VIII was brought in to replace him, and the second VIII scratched.

As Guy's have not entered this race for some years, we had to start with other new entries in the bottom division—202nd of the 235 crews who competed. During the race, rowed in favourable conditions, Guy's passed seven of the crews who started ahead, and finished level with an eighth. The time taken to complete the course was 21 mins. 53 secs., which placed Guy's 90th.

The crew was :—

Bow : A. Young ; 2 M. Parrish ; 3 H. Plowright ; 4 R. E. Farmer ; 5 B. A. Ross ; 6 V. Whitehead ; 7 R. W. M. Smith ; Stroke E. E. Arnold ; Cox C. Thomson.

Thanks are due to Tony Earnshaw, who coached the crew in the later stages of training.

GUY'S HOSPITAL MOTORING CLUB

The next event of this club will be held on Saturday, 8th May. This will be a 75 miles rally which will start at the " Marquis of Granby" Esher, Surrey, at 5.30 p.m.

One inch O.S. Map No. 170 will be required together with the usual navigation and regularity test equipment, including a pair of compasses and a protractor. Entries close on Wednesday, 5th May, at 5/– per vehicle.

Supper and licensed drinks will be available at the finish which is near Dorking at about 8.30 p.m.

The next meeting will be held on Tuesday, 4th May, in the Dental Theatre. Mr. George Monkhouse, of Kodak's Ltd., will give an illustrated talk and film show on Grand Prix racing. Mr. Monkhouse was, before the war, the official photographer to the Mercedes Benz Grand Prix racing team.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1st June, 1954

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st June, 1954 :—

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as Assistant House Surgeon. During the second three months of the appointment candidates will either move to the post of Out Patient Officer (Surgical) or will remain as Assistant House Surgeon.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 4

The appointment will be for six months, the first three months to be spent as Assistant House Physician.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Out-Patient Officers (*Pre-Registration*) 5

House Surgeons (1 *Pre-Registration*, 1 *Post-Registration*) 2

House Physicians (1 *Pre-Registration*, 1 *Post-Registration*) 2

Resident Obstetricians (*Post-Registration*). Commencing 1.7.54. 1

Ear, Nose and Throat House Surgeon (*Pre-Registration*) 1
(3 months at Guy's Hospital followed by 3 months at Orpington Hospital.)

Dermatological House Physician (*Post-Registration*) 1

Genito-Urinary House Surgeon (*Pre-Registration*) 1

Children's House Physician (*Pre-Registration*) 1

House Surgeon to the Thoracic Unit (*Post-Registration*) 1

House Physician to the Department of Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) 1

House Physician in the York Clinic (*Senior House Officer*) 2
(1 commencing 1.5.54. Closing date 24.4.54.)
(1 commencing 1.6.54. Closing date 1.5.54.)

Resident Anæsthetist (*Post-Registration*) 1
(Commencing 7.7.54.)

The Medical Committee will also consider applications for appointments at outer hospitals, as follows :—

ORPINGTON HOSPITAL

House Surgeons (*Pre-Registration*) 3
(The duties of one of these posts will include Gynæcological as well as general work.)

Orthopædic House Surgeons (*Pre-Registration*) 2

PEMBURY HOSPITAL

House Surgeons (*Pre-Registration*) 2
Orthopædic House Surgeon (*Senior House Officer*) Commencing 7.5.54.)

LEWISHAM HOSPITAL

House Physician (*Post-Registration*) 1
House Surgeon (*Pre-Registration*) 1

ST. JOHN'S HOSPITAL, LEWISHAM

House Surgeon (*Pre-Registration or Post-Registration*) 1
House Physician (*Pre-Registration or Post-Registration*) 1

ST. OLAVE'S HOSPITAL

House Surgeons (*Pre-Registration*) 2

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeons (*Pre-Registration or Post-Registration*) 2
House Physician (*Pre-Registration or Post-Registration*) 1

Applications, giving choice of post and choice of Hospital in order of preference, should be lodged in the Superintendent's Office not later than **Saturday, 1st May, 1954.** Candidates who apply for appointment at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES

Pre-Registration Candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointment at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognised posts are available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical or Medical posts respectively. The post of R.O. will be regarded as a surgical post only and not a medical post.

W. D. DOHERTY,
Superintendent.

GUY'S HOSPITAL

YORK CLINIC FOR PSYCHOLOGICAL MEDICINE.

Required, **Resident House Physician (Male),** grading Senior House Officer (£670), duties to commence as soon as possible. The post offers good opportunities for post-graduate study. The appointment will be for a period of six months in the first instance, and may be renewed for further such periods.

Applications, with copies of two testimonials, should be sent to the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **24th April, 1954.**

GUY'S HOSPITAL DENTAL DEPARTMENT

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October 1954 :—

Department of Conservative Dental Surgery.
Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Clinical Dental Surgery.
Part-time Registrar to attend on 2 sessions per week.

Assistant to the Visiting Dental Surgeons.
Part-time Registrar to attend on 6 sessions per week.

Department of Dental Prosthetics.
Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Department of Preventive Dentistry.
Part-time Registrars to attend on 5 or 3 sessions per week.

Casualty Department.
Part-time Registrars to attend on 6 or 5 sessions per week.

Extractions and Minor Oral Surgery.
Part-time Registrar to attend on 6 sessions per week.

Dental Department for Children.
Part-time Registrar to attend on 3 sessions per week.
Orthodontic Assistants to attend for 3 sessions each per week.

Ante-Natal Clinic.
1 Dental Officer to Salomons Centre for 1 session per week.

Dental Officers to the Nursing Staff.
1 to attend for 6 sessions per week.
1 to attend for 3 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Saturday, 1st May, 1954.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered Dental Practitioners for the appointment of **half-time Demonstrator in Special Anatomy and Histology** to commence duties on 1st October, 1954. This appointment may be held in conjunction with a part-time lectureship, teaching Dental students, in the Anatomy Department.

Forms of application are obtainable from the Dean, Guy's Hospital Dental School, London, S.E.1. to whom applications should be sent not later than **Saturday, 1st May, 1954.**

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 *line* 2*s.* 6*d.*, 3 *lines* 6*s.* *Box Numbers* 6*d. extra.*

Ordinary rates :
1 *line* 6*s.*, 4 *lines* 20*s.* *Box Numbers* 9*d. extra*

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TYPEWRITING, First class service by qualified typist at economical rates. Theses, manuscripts, testimonials, etc.—Box No. 33.

Wanted

GUY'S MAN requires Bag Instruments, etc., including Midwifery—can view any time. Box No. 43.

ASSISTANT REQUIRED for young conservative dental practice in West Riding town. Applicant must have completed or be ineligible for military service. Reply stating age and experience. Box No. 41.

For Sale

SKULL AND HALF SKELETON. £9. Box 42.

APPOINTMENT

G. R. W. N. Luntz, M.R.C.P., Consultant Physician in Charge, Diabetic Unit, Romsley Hill Sanatorium, Halesowen, near Birmingham.

NURSING STAFF APPOINTMENTS

Sister J. Fray leaving to be married.

Sister D. Williams returned from Ward Sisters' Course, appointed Night Sister.

PASS LIST

CONJOINT BOARD

L.R.C.P., M.R.C.S.

March, 1954.

Pharmacology

C. Angeli
G. C. W. Baker
J. D. Broome
Gillian M. Cann
J. O. O. Fajemisin
D. C. Gill
J. G. J. Howell
J. A. Morgan
G. M. Morris
R. Neville
Iris C. Platt

Physiology

J. B. Gornall.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

L.D.S.

March, 1954.

Anatomy and Physiology.

C. R. Baudry
Jacqueline M. Coker
J. M. Denney
D. J. Gallivan
A. J. Hardingham
C. L. Macpherson
I. Maselle
R. T. Mills
M. A. O'Reilly
B. A. Roberts
R. J. Saunders
D. C. Shelley
W. A. Tucker
J. G. M. Turle
J. K. Wade

Special Anatomy and Physiology

C. R. Baudry
W. B. H. Baxter
Jacqueline M. Coker
J. M. Denney
D. J. Gallivan
A. J. Hardingham
J. R. Harries
B. H. Irish
S. J. Lubbock
C. L. Macpherson
R. T. Mills
M. A. O'Reilly
B. A. Roberts
R. J. Saunders
W. A. Tucker
A. W. Wheelhouse
J. G. Watling

GUY'S HOSPITAL MEDICAL SCHOOL

MICHAEL HARRIS PRIZE IN ANATOMY

Miss E. A. Ridley—Prize.

WOOLDRIDGE PRIZE IN PHYSIOLOGY

Miss E. A. Ridley.
M. Roberts.
Bracketed equal—Prize divided.

JUNIOR PROFICIENCY PRIZES

Miss E. A. Ridley.
M. Roberts.
Bracketed equal—1st Prize divided (£15 each).

Miss B. C. Dean.
T. Sherwood.
Bracketed equal—2nd Prize divided (£7 10*s.* 0*d.* each).

PAPERS BY GUY'S MEN

Evans, Philip R. Transient Sexual Precocity in Girls. *Lancet*, 1954, i, 599.

Evans, Philip R. and another. Birth Weights of Children with Cerebral Palsy. *Lancet*, 1954, i, 642.

Evans, P. R. C. Value of Strict Dieting, Drugs, and "Robaden" in Peptic Ulceration. *Brit. med. J.*, 1954, i, 612.

Fourman, Paul. Depletion of Potassium Induced in Man with an Exchange Resin. *Clin. Sci.*, 1954, 13, 93.

Houghton, L. E. Combined Corticotrophin Therapy and Chemotherapy in Pulmonary Tuberculosis. With special reference to Hypersensitive Reactions. *Lancet*, 1954, i, 595.

CHANGES OF ADDRESS

D. R. Burnapp, B.D.S., L.D.S.R.C.S., " Arcadia," Outwood Lane, Chipstead, Surrey. (Tel. Downland 4200).

L. J. Cheeseman, B.D.S., L.D.S.R.C.S., " Hillcroft," 51 Stanley Park Road, Carshalton on the hill, Surrey. (Tel. Wallington 9731).

G. R. W. N. Luntz, M.R.C.P., Flat No. 13, Holly Mount, 287 Hagley Road, Edgbaston, Birmingham, 16. (Tel. Edgbaston 2867).

Lt. P. J. Lyne, R.A.M.C., British Military Hospital, Rinteln, B.A.O.R.

E. Tweddle, L.D.S.R.C.S., Flat 2, 37 Ashburton Road, Southsea, Hants.

BIRTHS

BARRIE.—On 9th April, 1954, at Guy's Hospital to Margaret, wife of James Barrie, a son (Nicholas John).

BOND.—On 10th March, 1954, in Victoria Ward, Guy's Hospital, to Jean (née Rodgers), wife of Alan E. Bond, L.D.S.R.C.S., a son (Ian Douglas).

BROWN.—On 15th March, 1954, at 3 Josephine Avenue, to Anne (née Surtees, S.R.N.), wife of Patrick F. E. Brown, M.R.C.S., L.R.C.P., a son (Robert Andrew) a brother for Kathryn.

DREW.—On 20th March, 1954, at Nuffield House, Guy's Hospital, to Patricia, wife of John Drew, F.R.C.S., a son.

MARRIAGE

LUNTZ—LOVEGROVE.—On 5th April, 1954, at Birmingham, George Richard William Neal Luntz, M.R.C.P., to Pamela Lovegrove.

Eds. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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PASSIM

New Boys and New Girls.

WITHIN the next few weeks many senior students will realize with gratification, surprise, or perhaps a tinge of dismay, that they have become " provisionally registered practitioners." There may be some suppressed dissatisfaction in their ranks that the " Pre-Registration Year " was not a feature of the syllabus nor of the terms under which they started their medical training six or more years ago. But whether they like it or not it is an established fact of over twelve months' standing. They are qualified : but, unlike generations of their predecessors, they may not be registered, yet. They can pile letters after their names, but may not, at present, enjoy the full privileges which those same letters conferred upon their teachers. They are old boys and new boys at one and the same time. In this we do not overlook those ladies whose success is so richly deserved : we merely shrink from describing them—if ever so lightly—as " old girls."

After its inception in January 1953, the *Gazette* extended a lukewarm welcome to the Pre-Registration Year. That welcome is equally sincere, though sufficiently tepid, today. The strictly physiological heat of our embrace reveals nothing more than an indication of the existence of a certain (and entirely proper) pride, without which no one can undertake any responsibility however much it be whittled away. The danger that pride may exceed capacity is, of course, as real today as it was fifty years ago : indeed it may well be argued that the existence of the present system implies some condemnation of, and an attempt to restrict, those irresponsible elements which are often present in the best of ordered communities, whatever the safeguards and however long they are maintained. Nevertheless capacity and capability in the pre-registered have soon to be put to the test. Upon whom ? The consideration of what is implied in the answer to that question is, we believe, sufficient to snuff out, at a stroke, any small glimmer of resentment that remains in the minds of the old guard of students who now become the new boys on trial.

But lest all this should appear to be pontifical moralizing, let us say at once that there are, and will always be, sources of dissatisfaction among the lately qualified just as (to judge from the pages of the medical journals) there are among general practitioners, registrars and consultants. The general practitioners have their organization. The registrars and the consultants have their committees. The housemen have none. While we deplore the formation and the continued existence of exclusive groups, cliques, or committees restricted to certain branches in a profession which should, ideally, move and work as a whole (for whoever heard of special groups or committees in even the largest family ?) we note with satisfaction the report of a meeting lately held in Winchester. On the initiative of Dr. Ronald Gibson, a member of the B.M.A. Council, this meeting was called to " find out what were the particular problems and anxieties facing those recently qualified . . . "

Not least of these anxieties and problems is the growing shadow of legal proceedings. " Damages " and " Negligence " lurk like sinister twins threatening with incalculable difficulties the creative labour of every young practitioner. The consequence is that caution is at a premium : inertia, or (its converse) extravagantly comprehensive investigation, an asset : passing the buck a matter of urgent importance. To do the right thing involves setting in motion a veritable juggernaut of specialized techniques. On the other hand, to do *nothing at all is, perhaps, to do nothing wrong. The present uneasy* relationship between medicine and the law has thus produced an infant unable, and probably unwilling, to differentiate between what is wrong and what is a mistake : between what is sufficient and what is exhaustive. It is precisely the difficulties which this state of affairs engenders that the Pre-Registration Year may do much to alleviate. The new boys and the new girls welcome its beneficent intention firstly to their patients, and next to themselves, though, as the letter from Dr. F. L. D. Steel on page 177 would seem to indicate, a new and entirely unnecessary hazard has been created in the process. They are, however, much encouraged to learn of the efforts being made on their behalf : not least, that the organization committee of the British Medical Association is at present considering the question of the representation, in its deliberations, of recently qualified practitioners. That is a step worthy of an united family.

We record with sincere regret the death on 19th April, of Mrs. Elena Barlas, a governor of the Hospital since 1948. We extend our sympathy to her family.

We congratulate Mr. O. Gayer Morgan on being elected President of the Ophthalmological Society of the United Kingdom.

In our last issue, we made some comment on the state of the externs' bicycles. This was followed last Sunday by a reference to the situation in a prominent newspaper. We are delighted to tell readers that, already, the Superintendent's office has had offers of bicycles from the public. Among these was a most generous offer of three new cycles from the Grand Order of Water Rats, a famous stage association. We publish in this issue a letter from the present District R.O. who gives some excellent advice which should be implemented by the authorities when our new steeds are put into service.

We would make one additional and quite unselfish plea. When the authorities of the Hospital accept one or more of these offers, could one bicycle at least be of a design suitable for ladies?

The other day, we were showing a visitor round Guy's. As we stood beside York Clinic and looked across the nurses' tennis court at the Medical School, our visitor said " What happens in that new block ? " When we tried to answer that question it was more than a little difficult, for few of us go higher than the first floor (and then only to take specimens to the routine clinical laboratory). We all know that there is much research work always in progress at Guy's, but we doubt whether many could describe the people and the purpose behind most of these research quests. There would be an eager audience again for lectures, such as that series run by the Department of Medicine two years ago, which told some of the staff and students in the wards what, indeed, was " going on in that block." All that series were admirable in their interest and clarity and they drew large audiences despite that (or possibly because) they were held at 5 p.m. on Wednesdays.

We know that the cause of additional lectures is one that is rather difficult to champion these days. However, just as we still think that medical history deserves some exposition, similarly, we feel that the making of that history is a fascinating topic for informal lectures which, to please the overworked, the uninterested and the lazy, need not be compulsory. Indeed, those who go may perhaps enjoy lectures unspoiled by that unpleasant incitement to petty forgery, the attendance sheet.

As we go to press, we learn that the Surgical Department Exhibition for May is entitled " The Surgical History of Guy's." This is a very welcome choice and will certainly go far to fill the gaps in our domestic historical knowledge.

We have received from a well known Guy's man, a copy of the proceedings of a meeting of the *Guyite Fraternity*, a dining club which flourished 86 years ago. The *Gazette* is collecting some interesting souvenirs of byegone Guy's and we thank those of our seniors who so kindly give them.

GUY'S DIARY

MAY			Exhibition. Department of Surgery. *The Surgical History of Guy's.*
3rd	M	1.00	Dr. D. Stafford-Clark. Clinical Lecture. *What is Schizophrenia?*
		1.00	Mr. K. E. Pringle. Dental Clinical Lecture. *Treated Orthodontic Cases.*
4th	T	1.00	Mr. F. R. Kilpatrick. Clinical Lecture. *Tuberculosis of the Urinary Tract.*
6th	Th	1.00	Dr. Jean Morton. Clinical Lecture. *Syphilis in Pregnancy.*
		5.00	X-ray Meeting. Gordon Museum.
7th	F	2.15	Combined Round. Pre-clinical Classroom.
8th	S	10.00	Professor F. E. Stock (Hong Kong University). Surgical Departmental Round. Clinical Theatre.
10th	M	1.00	Mr. T. T. Stamm. Clinical Lecture. *The Treatment of Injuries.*
11th	T	1.00	Dr. P. M. F. Bishop. Clinical Lecture. *Infertility.*
13th	Th	1.00	Mr. R. S. Lawrie. Clinical Lecture. *Acute Osteomyelitis.*
		5.00	X-ray Meeting. Gordon Museum.
		5.00	Mr. Murray Falconer. Neurosurgical Demonstration. Clinical Theatre.
14th	F	2.15	Combined Round. Pre-clinical Classroom.
28th	F	5.00	**Fison Memorial Lecture.** Professor G. Stead.

DENTAL SOCIETY DINNER 1954

A Group at the Reception

(*left to right*) Mr. G. Pearson, Mr. C. I. Hagger (*President*), Mr. J. Wolfle, Mrs. C. I. Hagger, Mr. D. Crouch, Miss A. Pountain, Mr. P. Goddard, Mr. C. Rees, Mr. A. Grice.

Sixty Years Ago

From Guy's Hospital Gazette, 28*th April*, 1894.

Dear Sir, . . . I read with intense interest and much gratitude the biographical sketches of Hilton and Cock in the *Guy's Hospital Reports* for 1892. In that of " Teddy " there was no gall, but sweetness only ; in that of John Hilton, I felt that this was not the case . . . It was my good fortune to be more or less intimately acquainted with him from 1851–6 . . . I dressed for him, gained one of his certificates for anatomy at the end of my first year, and, as usual with his dressers, I accompanied him occasionally to assist him in his private operations. During those years I cannot recall a single instance of such alleged " brusque way and rudeness " and " often grossly personal sarcasm " referred to in the able sketch in the *Reports*. It is quite true that nothing offended him so much as carelessness, inattention or idleness on the part of students attending either at lectures or in the wards ; and that he had a power of rebuke which he did not hesitate to exercise when the occasion arose. But, to me, this appears one of his great gifts and honours . . . He was kind and genial, and a real and devoted friend to those willing to help themselves and so deserve his praise. Moreover, next to Addison, he was in my time the idol of the students generally.

Yours faithfully,

JOHN INCE, M.D., *Retd. Surgeon H.M.'s Indian Army*.

STUDENTS' UNION SUMMER DANCE

The Students' Union is arranging a dance on the evening of Thursday, 20th May, 1954, from 7.30 p.m. to 11.30 p.m.

Invitations have been sent out to other colleges, arts and teachers' establishments, to ensure no dearth of ladies. In addition, the Students' Union cordially invites the nursing staff, physiotherapists, radiographers and members of the administrative staff to come along and help to make the evening a success.

For tickets, price only 4*s*. single, please apply to the Social Secretary, The Students' Union, Guy's Hospital, S.E.1.

PANCREATITIS

A Clinical Lecture given at Guy's Hospital Medical School, on 18th March, 1954.

By NILS L. ECKHOFF, M.S., F.R.C.S.

ACUTE PANCREATITIS

THE diagnosis of acute pancreatitis has never been easy. The classical description of acute hæmorrhagic pancreatitis (Fitz, 1889) depicted the most severe variety of the disease, and such cases occur at regular intervals in emergency surgical practice. The treatment used to be surgical and the mortality was in the neighbourhood of 50 per cent. Today, if the diagnosis is made the treatment is expectant ; but it is not always easy to be certain of the diagnosis.

The cause of the condition has long interested surgeons and pathologists. Opie (in 1901) found, at autopsy, an impacted stone in the ampulla of Vater and was able to force bile into the pancreatic duct, which he thought was causative. The fairly frequent association of stone with pancreatitis gave support to this view. Archibald (in 1919) suggested that spasm of the sphincter of Oddi was sufficient to produce a similar happening. Many experiments have since been performed to prove or disprove the possibility of bile reflux, but before relating these let us mention other theories. These include :—

1. *Obstruction of the pancreatic duct, by stone, tumour, ligature, or metaplasia of the lining.*
2. *Infection, which may be due to lymphatic spread.*
3. *Vascular factors.*
4. *Trauma—accidental or surgical.*
5. *Reflux of duodenal contents.*
6. *Alcoholism and anaphylaxis.*

These factors may be of importance in particular cases, but they probably do no apply to the average case.

Reflux of Bile into Pancreatic Ducts

Most of the discussion has centred round this theory. Injection of bile into the main pancreatic duct (in dogs) will produce acute hæmorrhagic pancreatitis. It is not necessary for the bile to be infected. Further injection experiments show that the bile salts are the important factor. The pressure must be high enough. Saline alone will not produce the condition except at very high pressure.

To explain how this reflux can occur in man, detailed anatomical studies of the arrangement of the common bile and main pancreatic ducts at the duodenal papilla (ampulla of Vater) have been made. The figures of different investigators vary a little : Reinhoff and Pickrell found that the two ducts open together on the tip of the papilla in 29%, that there is a very short " common channel " in 37%, a longer " common channel " in 30%, whilst in 2% of cases the pancreatic duct opens into the common bile duct itself some distance from the papilla. Therefore in the last two groups, at least, it is possible for a stone, impacted at the papilla, to provide the necessary conditions for biliary reflux. In a further 2% the main duct is shrivelled to a fibrous cord, while the accessory duct serves the whole gland.

The opening in the duodenal papilla is from 1.5 to 4.5 mm. in diameter. Therefore a stone sufficiently large to be impacted in the ampulla of Vater will block both ducts, unless there is a long " common " channel. An impacted stone is found at operation or autopsy in but 4–5% of cases. It is also significant that although stones are commoner in women, pancreatitis is commoner in men.

The presence of a sphincter at the duodenal papilla has long been recognised. It is usually associated with the name of Oddi, who studied it in many species and reported his observations in 1887–1888. Some fibres pass round each duct and some round both. Some believe that spasm of the sphincter would close both ducts, others (notably Archibald, Doubilet and Mulholland) that spasm would frequently provide the necessary conditions for reflux, at least in a proportion of cases. Dilute hydrochloric acid on the duodenal side is said to close the sphincter. Morphine also does this. Oedema of the papilla, which would contribute, could be caused by infection or alcohol. It is interesting that pancreatic enzymes can be found in the gall bladder in 10% of gall bladder cases, but in 90% of cases with acute pancreatitis. Pressure studies show that the degree of water pressure required to open the sphincter varies from 0.5 mm.—hypotonic, 50—100 mm.—normal, and up to 600 mm.—hypertonic. In post-operative cholangiograms the opaque medium can sometimes be seen passing into the main pancreatic duct.

It will thus be seen that although the bile reflux theory has much to support it, there are many variables :—

1. *The presence or absence of gall stones.*
2. *The exact anatomy of the sphincter.*
3. *The exact anatomy of the ducts.*
4. *The tone of the sphincter.*

This probably explains why the disease is not more common.

The objections to the bile reflux theory are :—

1. *The pressure in the pancreatic duct is usually higher than in the bile duct.*
2. *Pancreatic ferments can be found in the bile ducts.*
3. *The " common channel " is common in normal people.*
4. *The " common channel " is present from birth but the disease occurs in adults and is not often recurrent.*
5. *Some say the bile must be infected, and the existence of a " common channel " is not important.*

Pathology.

The first change is œdema of the pancreas with peritoneal exudate. This is followed by fat necrosis, thought to be due to the escape of enzymes in the pancreas, mesentery and peritoneum generally. The little yellowish white patches are due to the formation of calcium soap and may remain as calcified plaques. Necrosis of the gland itself also occurs, producing areas of softening, with a marked inflammatory reaction. There is dilation of the ducts with metaplasia of the epithelium. Hæmorrhage later occurs into the gland so that in severe cases the whole gland is black. It is the result rather than the cause of the disease and is not seen without necrosis. Later the necrosed areas may become collections of pus (pancreatic pseudocysts). The average age is 40–50 years.

Paxton and Payne found 169 females to 139 males in their series, but it is usually said to be commoner in males. The following types may occur :

1. *The classical type : the obese middle aged individual, with very acute pain, nausea and vomiting, cyanosis and shock, with rapid deterioration and death. This may resemble coronary thrombosis, or perforation of a hollow viscus.*
2. *A type suggesting acute cholecystitis.*
3. *A type suggesting small bowel obstruction, with much pain.*
4. *A type suggesting gastritis or peptic ulcer with less pain.*
5. *A tender mass developing 2–3 weeks after abdominal pain.*
6. *Vague symptoms only.*

These types are not clear and distinct, and a sequence of types may be found in the same patient.

Symptoms.

The pain is very severe indeed in the epigastrium and through to the back, is worse with food, and is resistant to narcotics. The vomiting is persistent consisting of gastric or duodenal contents and is rarely fæculent. Distention is insidious and persistent, and may be seen in a " straight " X-ray film involving the jejunum or transverse colon.

Signs.

There is usually fever (100°—103°), occasionally mild jaundice, some cyanosis of the lips, and in the more severe cases shock. There is marked abdominal tenderness, and some guarding, but rarely board-like rigidity. A mass may be detected early, with difficulty, or later if suppuration occurs. Staining may occur in the flanks with some œdema (Grey Turner's sign) or around the umbilicus.

Investigations.

Investigations reveal a neutrophil leucocytosis, some hæmoconcentration, an increase in serum amylase in the first 24–48 hours, with a rapid fall, and increase in urinary diastase rather later. Hypocalcæmia and hyperglycæmia may occur. E.C.G. changes suggesting coronary infarction may occur. X-rays taken early show distension of the jejunum and transverse colon. Barium meal examination, done later, may show distortion of the stomach or duodenum, with tenderness in the region of the pancreas, and limitation of diaphragmatic movements. Peripancreatic collections may be visualized. Biliary stones will be noted in a proportion of cases.

Differential Diagnosis.

As indicated above the disease may mimic acute cholecystitis, perforation of a hollow viscus, diverticulitis, intestinal obstruction, coronary thrombosis and mesenteric thrombosis.

Complications

The most frequent is cyst formation, following which a fistula may occur into a hollow viscus—or externally—particularly following surgical drainage. The latter may be extremely difficult to handle. True abscess formation is rare. Transient diabetes is common, but persistent diabetes is rare. Transient hypocalcæmia may produce tetany. Severe hypocalcæmia (below 7 mg. per 100 ml.) is of extremely bad prognostic significance.

Treatment.

Immediate surgery is associated with a mortality of about 50%, and does no obvious good. If the condition is found accidentally in the acute phase (mistaken diagnosis) the minimum should be undertaken—no interference with the pancreas—but merely a drain into the lesser sac. Only in mild cases or when the acute phase is over, is it permissible to deal with concomitant gall bladder disease. The common duct should certainly be explored and care taken to pass a probe into the duodenum. Some authors favour division of the sphincter of Oddi (sphincterotomy) and have devised special instruments for this purpose. Whether the gall bladder should be removed is a matter of opinion. It is certainly the factory for gall stones, but is useful to anastomose to the stomach or intestine in obstruction of the lower end of the common bile duct. The value of cholecystenterostomy in carcinoma of the head of the pancreas cannot be denied, and it appears logical that it might be of value in pancreatitis, but it is held by some that it does not provide adequate decompression of the common bile duct in such cases.

Medical treatment consists in the relief of pain, for which morphine is not considered suitable since it produces spasm of the sphincter of Oddi. Other drugs must be tried but none is very efficient. Splanchnic or paravertebral block may be helpful. A few cases have been treated with hexamethonium bromide with success (Davies, Moore and Wynn-Williams). An ingenious method for producing continuous epidural block emanates from the Lahey Clinic (Orr and Warren). The blood volume must be restored by infusions, if vomiting precludes the use of the mouth. Distention may be relieved by intestinal intubation. Pancreatic secretion may possibly be reduced by atropine or banthine. Diabetes may require insulin, and hypocalcæmia may require calcium gluconate.

CHRONIC RELAPSING PANCREATITIS

This is a rare condition, but occasionally, after acute pancreatitis, there is steady progress from œdema and necrosis towards fibrosis, atrophy and calcification. It appears to be a direct sequel of acute pancreatitis, and the ætiology must therefore be the same. It affects males about twice as frequently as females, and has been found in all age groups from 10–75 years. The incidence of alcoholism is very high—from 33% to 50% (in America). Gall bladder disease is not a constant feature and may in fact be the result rather than the cause of pancreatitis. The common channel (of bile and pancreatic ducts) is found in a high proportion of cases (48 out of 49 in one series—Doubilet and Mulholland). Spasm of the sphincter of Oddi is therefore thought to be highly significant (Archibald). Infection is not proven. The whole gland may be diffusely involved. Frequently pancreatic calcinosis or lithiasis is found. It must be emphasized that pancreatic stone is very rare, being found but ten times in 3,000 post mortems (Edmonson *et al.*) or twenty-eight times in 542 post mortems (Ludin). Occasionally the pancreas has been diseased from birth (multilocular disease) or has been injured.

Symptoms.

The chief complaint is of colicky pain, episodic in character, sufficiently severe to lead to morphine or alcoholic addiction. It occurs in the epigastrium going to the left and to the back. Pain also occurs in the right hypochondrium, which may be due to pylorospasm and gastric hypersecretion. The pain is aggravated by food, but may also occur at night. It is not relieved by narcotics.

Nausea and vomiting occur later, and may be due to duodenal obstruction. Diarrhœa and steatorrhœa are common symptoms. There is marked weight oss—which may be due to deficient ingestion—or to concomitant diabetes. Jaundice occurs in about 25% of cases. Abdominal examination reveals tenderness in the region of the pancreas and some degree of fullness. In some cases a distinct lump can be felt.

Laboratory investigations are helpful. Amylase may be increased in the attacks and there may be some leucocytosis. Fat in the stools is inconstant. The glucose tolerance is reduced in about one third of the cases. X-ray examination may show calcinosis or stones in the pancreatic area, and distortion of the stomach or duodenum.

Medical Treatment.

Some relief may be obtained on a bland diet, avoiding fruit, with antispasmodics, such as atropine or banthine. Alcohol and morphine must be avoided, since alcoholism and drug addiction are common. Pancreatin and bile salts aid digestion. Splanchnic or epidural block may be helpful.

Surgical Treatment.

The following operations have been practised in different cases :—

Indirect — Cholecystectomy ; choledochotomy ; sphincterotomy.
Biliary-intestinal anastomosis.
Gastroenterostomy ; pyloric exclusion ; gastrectomy.
Sympathectomy—(thoraco-lumbar or splanchnic). Vagotomy.

Direct — On pancreas :—
Drainage ; lithotomy ; ductal anastomosis.
Resection—distal or total pancreatectomy.
Pancreatico-duodenectomy.

Since many of these cases have already had operations on the biliary tract, the problem may be greatly complicated by adhesions. Anastomosis between the gall bladder (if it has not been removed) or the common bile duct and the intestinal tract seems a rational operation, if the more radical operations are impossible.

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REORGANIZATION OF PATIENTS' RECORDS

For many weeks past the Works Department has been very active in the ground floor and basement of the Out-patient Department.

These activities are the visible—and audible—evidence of a complicated "general post" made necessary by the coming introduction of the unit system of records and the revived Follow-up Department.

In the unit system out-patient and in-patient records will be filed together and both will be retained indefinitely. There will, further, be one central index for all patients.

The problem of where to find space for the combined registries has been solved, at least for some years, by finding new accommodation for the Almoner's office, the Red Cross library, Out-Patient Sister's rooms, the Fellowship classroom, the Annexe record room, Mr. Clarkson's office, and the Medical Secretaries' office. The space thus made available is now being transformed into a Registry that should be worthy of Guy's.

The present Registry will be moved to its new quarters next month and, as soon as the teething troubles have been surmounted, it is hoped to introduce the unit system of records and to organize the follow-up of selected groups of cases.

CORRESPONDENCE

Letters to the Editor of the Gazette

Aids to Memory

SIR,—Aids to memory are always useful in student days and afterwards, as well. The late Sir Frederic Still whose fellow-student I was, gave me two which he had compiled for his own use and they stood me in such good stead that one feels they are worth handing on to future generations.

The first is in verse and as Still was a Senior Classic but one, before taking up medicine, rhymes came easily to him. It is a compilation of the incubation periods of infective diseases :—

A fortnight typhus and typhoid,
With mumps and cellared game,
Smallpox between me much annoyed,
Then Deutsch and English came ;
Collars a few and lots of whoops,
In fact they all made ten,
Each dipped in scarlet weekly stoops
To slay dissenting men.

Translation :—	Typhus and Typhoid A & B Mumps and Varicella	14 days
	Smallpox	12 days
	English & German Measles Cholera & Whooping cough	10 days
	Diphtheria, Scarlet fever and Dysentery	7 days

The other " tip " is a single sentence, each word of which represents one day of the pro-dromal periods, before the characteristic lesion in each case appears :—

VeRy Sick Children Must Take Ease

Translation :—	1st day	Varicella & Rubella	4th day	Measles
	2nd ,,	Scarlet fever	5th ,,	Typhoid
	3rd ,,	Cholera	6th ,,	Erysipelas

Yours etc.,
M. ASTON KEY.

14 Clarendon Road,
Southsea.

The Administrator and the Doctor : the Pre-Registration year.

SIR,—The following experience of mine brings to notice a potential danger arising from the pre-registration period now compulsory for junior house officers.

I qualified in February, 1953, and having duly completed six months as House Surgeon, I received a form, signed by my surgeon, to say that my service was satisfactory. When, however, I had completed six months as House Physician, and had obtained signatures from my two consultants I was told by the Hospital Secretary that this was insufficient, and that the signature of the Group Secretary was also necessary. I telephoned the Medical School Office and was told that the Consultants' signatures were sufficient.

On the face of it this does not appear to be a matter for comment, but during a conversation with another member of the administrative staff of the same hospital I was told that it is not really enough for a house officer to be suitable from a professional point of view, it should also be established that the administrators consider him a suitable person to be a doctor.

Although this was not an official statement it does show the prevailing line of thought amongst these people, especially as I was told that the decision to include the Group Secretary's signature on all such forms was made by one of the administrative Boards in that region.

Obviously the lay administrators associated with a small country hospital are not necessarily suitable people to decide whether or no a man is fit to practise medicine.

I should like to exhort all others who are not lucky enough to get jobs at Guy's to look out for this potential danger and to content themselves with the signstures of men in their own profession only.

Let me add in conclusion that I did not allow the Group Secretary to sign my form, and that I have just been fully registered by the General Medical Council.

Yours etc.,
F. L. D. STEEL.

7 Livingstone Mansions,
Queen's Club Gardens,
London, W.14.

A Silly Question Deserves . . . ?

SIR,—Reference your comment headed " A Silly Question Deserves . . . ? " though these answers may seem amusing to some, I think it is very wrong to poke fun at the student nurses in this manner. They are mostly young, and probably have experienced very little of the social aspects of disease. They have enough to contend with in connection with their ordinary studies. They are, in my experience, very conscientious. If their answers are peculiar perhaps it is because the examination question was badly phrased. The social aspects of disease cannot be swotted-up from lectures or a textbook, but only by getting around the district and by visiting whole families in their own homes. The subject is most important and it is quite right to include it in the syllabus. A great deal of time should be spent upon this subject, particularly as it has a great bearing on the nature of illnesses and the effectiveness of treatment.

Health Department,
The Castle,
Hertford,
Herts.

Yours, etc.,
JOHN WILDMAN, M.R.C.S., D.P.H.,
Medical Officer of Health,
East Herts. Combined Sanitary Districts.

In printing the short section to which this letter takes exception we had no intention of poking fun at or of denigrating in any way the work or ability of student nurses whom we hold in the highest regard. We hoped that the little paragraph would be read in the light-hearted way in which it was printed—EDITOR.

Externs' Bicycles

SIR,—Whilst I am, in the main, in sympathy with the opinions expressed in your last issue regarding the externs' bicycles, may I be permitted to point out two relevant facts and also to make some suggestions whereby the present unhappy state of affairs might be alleviated ?

The facts are as follows. Firstly, that repair of the present bicycles was already in hand when your article was published and, secondly, that of one hundred and twenty-nine deliveries on the district at Guy's in 1953, there were only five B.B.A's. of which two were ward cases. The bicycles were, as far as I know, in their present condition during this period.

My suggestions are as follows. That the present lean-to in the College be given walls, a door with a lock, and an electric light. That the key of the door be kept in the College Lodge. That one of the College porters, for a suitable remuneration, be given the duty of doing minor repairs and keeping the bicycles clean and oiled. That each bicycle be provided with a good padlock and chain and that the R.O. or extern concerned be required to sign a book on receipt of the key. Such a book could be used for the extern to point out any defects of his bicycle.

Yours etc.,
B. A. TUDGAY,
Resident Obstetrician.

Guy's Hospital, S.E.1.

CHESS CLUB

This season the chess club issued challenges to clubs of higher standard than any we had previously dared to face. The team's performance exceeded our most optimistic expectations, as shown by its victories over teams from the powerful West London and Hendon clubs ; we were also successful against St. Bartholomew's Hospital, avenging ourselves for a defeat last season in a most enjoyable meeting.

We drew with the Finchley and the Hendon Chess Club, and lost to Harrow and Birkbeck College.

The following have represented Guy's at chess this season :

J. Billingham, J. A. Cox, W. Holms, M. Kinsbourne (Captain), M. D. Robson, D. A. Sabel (Secretary), R. O. Selby, R. Sharples, Dr. E. A. Wright.

There was a gratifyingly large entry in the annual competition for the Blaikley Trophy.

The semi-finals are :

W. Holms *v.* R. O. Selby.
M. Kinsbourne *v.* D. A. Sabel.

REVIEWS

GUY'S HOSPITAL REPORTS (Vol. 102 No. 4).

The current issue of the *Reports* (there is a new issue due to appear in about two weeks) contains a number of articles differing widely in scope, and provides interesting reading for those whose immediate interests in medicine may vary greatly.

The longest contribution comes from Dr. H. St. H. Vertue whose profound knowledge of the classics is here applied to *An Enquiry into Venereal Disease in Greece and Rome.* Written in an admirably sonorous (though unhappily, increaseingly rare) prose style, he sets out to establish a thesis that venereal diseases, in the forms in which they present themselves today, did not exist in the flourishing Greek and Roman civilizations. He succeeds in this endeavour mainly by a process of exclusion, and in unfolding his argument throws a most interesting reflected light upon the somewhat sordid mediæval history of that portion of the Bishop of Winchester's diocese which then included the area of Bankside and Clink Street. The gonococcus in particular, evidently changed its habits and " became adapted to a venereal existence " during a span of some eleven centuries in the early Christian era.

Drs. D. F. V. Brunsdon and J. B. Enticknap and Mr. B. B. Milstein describe in detail a case of infection of a mitral valve incised surgically, the organism being *Ps. pyocyanea:* the first account of its kind to be printed.

There is an informative report of a case of *Porphyria Cutanea Tarda* from Dr. J-C. Gazet : the familial tendency is stressed.

Dr. Maurice Campbell is part contributor in two articles of cardiac interest. Writing with Dr. B. S. Cardell he describes *A case of Eisenmenger's Complex with Coarctation of the Aorta* and with Dr. J. W. Jackson he records *An unusual case of Cor Biloculare with bilateral superior venæ cavæ.* Both articles are illustrated by informative photographs and include excellent drawings of the heart by Miss M. J. Waldron.

" It seems to us " say Drs. Ralph Kauntze and C. L. Joiner, " that if the cause of the [coronary] occlusion is commonly thrombosis *in situ* then it would tend to occur when the circulation is most sluggish . . . But that if the cause is commonly sub-intimal hæmorrhage, then it might occur at any time in the twenty-four hours, but would frequently bear a relationship to effort or emotion." In an examination of *The Time of Occurence of Coronary Occlusion* in 100 cases, they show that thrombosis occurs evenly throughout the 24 hours and is frequently related to effort : they consider that the abrupt incident may be the result of sub-intimal hæmorrhage.

Serum Iron Estimations in the Diagnosis of Hæmochromatosis, in four patients in addition to those discussed in their paper in 1952, are considered by Dr. J. C. Houston and Professor R. H. S. Thompson. They conclude that the estimations of " serum iron level " and " iron-binding capacity " are " simple, safe and reliable in the diagnosis of hæmochromatosis." The remaining two contributions to this issue are from Dr. J. G. Hamilton on *Massive Epistaxis following Closed Head Injury* in which a technique involving the ligation of the left common carotid artery followed, 12 days afterwards, by ligation of the left internal carotid artery near its origin in the neck, is described. This sequence might with advantage have been explained in greater detail for the uninitiated—such as your reviewer. In another case the anterior ethmoidal artery was successfully ligated to prevent further bleeding. Drs. E. D. Sonnenfeld and E. V. Medill record a case of *A Metastatic Deposit from Carcinoma of the Bronchus* at the site of a previous gunshot wound which had been sustained 36 years previously.

E.E.D.T.

An Approach to Clinical Surgery. By G. H. C. Ovens, O.B.E., F.R.C.S., First Edition, 1953. J. & A. Churchill Ltd. *Price 22s. 6d.*

There is undoubtedly a need for a book on clinical surgery such as this and students in their early clinical days will find it useful. The importance of illustration in a book of this kind has been recognized for there are 118 drawings and photographs. Unfortunately many of them are of little value and the standard of illustration generally leaves much to be desired. Most of the information required for examining patients and taking their histories is to be found clearly and concisely stated, but there are several misleading statements such as—" Operations are so easy " : " Cancer is a painless disease " : " More fractures can be diagnosed clinically than by X-rays ". These statements are, I believe, inaccurate. In particular the tendency to belittle operative surgery serves no useful purpose. "Hæmoconcentration is the characteristic finding in shock"—the author does not use the term "shock" for the condition resulting from severe hæmorrhage. In the chapter "Ulcers," the terms "base" and "floor" of an ulcer are used synonymously contrary to generally accepted teaching.

This book is well printed on good paper, reasonably priced and of a useful size. It is, however, marred by indifferent illustrations and occasional misleading statements. P.B.C.

Eden and Holland's Manual of Obstetrics. 10th Edition by ALAN BREWS, M.D., M.S., M.R.C.P., F.R.C.S., F.R.C.O.G. J. & A. Churchill Ltd. 1953. *Price* 52*s*. 6*d*.

This new edition is almost a model of what such a text book should be. It is attractive, comprehensive and well-produced, the illustrations are good and X-ray prints are used, wherever possible, to replace old anatomical drawings. Naturally, some chapters seem better than others and the book is fortunate in getting off to a fine swing with a good and commendably simple section on Embryology—this would be ideal reading for the preclinical student wanting a straightforward account of the fundamentals of early development.

The advice on P.144 to examine the husbands' semen in cases of habitual abortion is probably of rather questionable value. Surely few babies owe their conception to hormonal correction of the husband's defective spermatogenesis when the primary complaint is of habitual abortion; a complaint which suggests that, whatever else goes wrong, the sperms repeatedly achieve their goal. The section on primary uterine inertia does not adequately separate the hypotonic and hypertonic forms of this condition and some modern advances in treatment are not mentioned at all. In such an up to date book as this (quoting as it does, papers written in 1953) the absence of Lövset and his manoeuvre is noticeable in the passage on breech delivery. The Mauriceau—Smellie—Veit manoeuvre is described with loving care and two pictures, while the alternative application of forceps to the aftercoming head, now routine practice in many centres, is described as "seldom required" even though the merits are fully detailed in succeeding sentences.

On p.306 there is a table of relative frequencies of vertex presentations in early labour which has been made brilliantly incomprehensible by the printers—obviously the idea was right, but the execution went rather astray. These defects are, however, small, almost trivial, and this book is a splendid textbook, a sound reference book and is well worth the price. P.S.B.

Essential Urology. By FLETCHER H. COLBY, M.D. Second edition. Baillière, Tindall and Cox. *Price* 61*s*. 6*d*.

The second edition of this valuable textbook is, like so many modern American productions, illustrated by exceptionally fine photographs and diagrams. Although the terminology is sometimes rather at variance with that found in this country, the text as a whole is eminently readable and students and practitioners will reap profit from these pages. Written essentially from a clinical standpoint the somewhat complicated biochemical background to urine secretion does not obtrude itself. It is surprising to find, however, that in the "Routine analysis of urine" (P.126) no mention is made of examination for sugar or reducing substances, though colour, reaction, specific gravity albumin, sediment, culture, cytological examination, calcium, hormones, diacetic acid, acetone and bile are all given adequate comment.

There are very full references, mainly confined to the American literature, while an excellent index completes a most useful textbook.

E.E.D.T.

Handbook for Dissectors. J. C. BOILEAU GRANT and H. A. CATES. 4th Edition. Baillière, Tindall & Cox Ltd. 1953. *Price* 27*s*. 6*d*.

This handbook has been produced as a guide to the dissection of the body for use in conjunction with "A Method of Anatomy" by the senior author. Its use apart from this textbook would be difficult for a junior student as descriptions of structures are very scanty, the directions for dissection brief, and illustrations almost solely those of skin incisions. While it fulfils its intended purpose, this book will find its main use in dissecting rooms where "A Method of Anatomy" is the standard textbook used. J.G.H.

SPORT

GUY'S HOSPITAL SQUASH CLUB

Winners of the Inter-Hospitals Squash Cup and London University Shield, 1954

S. J. S. Lam	A. N. Pollock	D. J. Palmer
M. A. C. Lyon (*Captain*)	Dr. C. G. Baker (*President*)	M. G. P. Chignell (*Hon. Secretary*)

HOCKEY

Folkestone Hockey Festival, Easter, 1954

Once again Guy's was invited to enter a team in the Annual Hockey Festival at Folkestone and was one of nearly fifty teams competing including ones from Holland, Belgium, France and Ireland. Four matches were played by each XI and at the finish of the tournament Guy's were one of the two teams to win all their matches.

The first game was against Lloyd's Bank and was won by two goals to one. Next, our old rivals the South Saxons were defeated by the odd goal of three. On Easter Sunday, the Hospital played the well known Irish team Three Rock Rovers and vanquished them by three goals to one. And finally Guy's defeated a much strengthened Trinity College XI by three goals to one. This was the hardest game that the Hospital played during the Festival and it was won mainly by a sound defence.

Throughout the tournament the defence, particularly the backs, played with skill and confidence ; Elsdon-Dew was the best of the halves and showed promising ability, particularly when playing at left-half.

The forwards moved the ball about well and Paul at centre-forward was tireless in attack. Cooke on the right wing had a good tournament generally being faster than the half-back marking him.

After this triumph the club must make every effort to take their strongest side to Folkestone next year and win fresh laurels.

Scorers : Millar 4, Hall 2, Cooke 2, Paul 1, Elsdon-Dew 1.

Team : W. A. Cahill, D. R. Laney, H. M. Tuddenham, W. R. O. Eggington, R. Elsdon-Dew, J. K. Smallshaw, N. R. Cooke, J. R. Hall, R. R. Paul, A. N. Other.

Games Played :

v. Lloyds Bank—won 2–1.
v. South Saxons—won 2–1.
v. Three Rock Rovers—won3–1.
v. Trinity College Cambridge—won 3–1.

SAILING

As a result of a successful winter season, members of the Club sailing " Carrawong " the 12 ft. National racing dinghy, bought by the Clubs' Union 2 years ago, have succeeded in winning the Dobson Challenge Cup, presented by Ranelagh Sailing Club for division racing.

The following members took part in the seasons racing.

Helmsmen:	*Crew* :
T. P. Bass.	K. Gilbert.
R. M. Clark.	Miss S. Fletcher.
D. Palmer.	Miss G. Ball.
J. Partridge.	R. Cooper.
F. H. Muir.	

HOSPITAL INFORMATION

GUY'S HOSPITAL AND MEDICAL SCHOOL

Applications are invited for the following appointments to the Junior Staff for the session, 1954–55 :—

Medical Registrars	*4
Surgical Registrars	†4
Obstetric Registrars	*2
Genito-Urinary Registrar	1
Orthopædic Registrars	*2
Chief Assistant to Department of Anæsthetics	1
Anæsthetic Registrar (W/T)	1
Anæsthetic Registrar (P/T)	1
Chief Assistant to Neurological Department	1
Neurological Registrar	1
Registrars to Department of Psychological Medicine (W/T)	*3
Registrars to Department of Psychological Medicine (P/T)	2
Registrar to B.M.R. and Endocrine Department (P/T)	1
Radiotherapy Registrar	1
Registrar to Ear, Nose and Throat Department	1
Registrars to Department of Diagnostic Radiology	*2
Registrars to Department of Physical Medicine	*2
Thoracic Surgical Registrar (to start 1/6/54)	1
Dermatological Registrar (W/T)	1
Dermatological Registrar (P/T)	1
Pædiatric Registrar	1
Ophthalmological Registrars (P/T)	4
Junior Medical Registrars	3
Registrar to Evelina Hospital	1
Chief Assistant to Department of Clinical Pathology	*1
Registrars to Department of Clinical Pathology (one with duties at the Evelina Hospital to start 1/6/54)	4
Pharmacology Department—Junior Lecturer	1
Anatomy Department—Junior Lecturers (W/T)	4
Anatomy Department—Junior Lecturer (P/T)	1
Physiology Department—Junior Lecturers (P/T)	2
Morbid Anatomy and Histology Department Junior Lecturers	2
Morbid Anatomy and Histology Department —*Junior Lecturer and Gull Student*	1
Bacteriology Department—Junior Lecturers	2
Chemical Pathology Department—Junior Lecturer	1
Chemical Pathology Department—Anderson Demonstrator in Clinical Chemistry	1
Assistant to the Director of the Department of Medicine	1
Junior Assistant to the Director of the Department of Surgery	1
Assistant to the Director of the Department of Obstetrics (P/T)	1
Assistant to the Director of the Student Health Service (P/T)	1

*One of these posts will be under the exchange scheme for Senior Registrars, with duties at Guy's for the session 1954–55. (See below.)

†Two of these posts will be under the exchange scheme for Senior Registrars, with duties at Guy's for the session 1954–55. (See below.)

EXCHANGE SCHEME

Applications are invited for the following vacancies for Senior Registrars. The holders of these appointments will be expected to spend a minimum of one, and not more than two, years in a Regional Hospital as indicated on an exchange basis during a four years tenure of the post. The appointments will be subject to annual review.

Senior Registrar in General Medicine—Guy's and Bromley and Farnborough Group. (1st and 2nd years Guy's, 3rd year Region, 4th year Guy's).

Senior Registrar in General Surgery—Guy's and South East Kent Group (duties at Folkestone, *Dover and other Hospitals in the Group*). (1st and 2nd years Guy's, 3rd year Region, 4th year Guy's).

Senior Registrar in General Surgery—Guy's and Bermondsey and Southwark Group. (1st year Guy's, 2nd and 3rd years Region, 4th year Guy's.)

Senior Registrar in Diagnostic Radiology—Guy's and Bromley and Farnborough Group. (1st year Guy's, 2nd and 3rd year Region, 4th year Guy's.)

Senior Registrar in Pathology—Guy's and Lewisham Group. (1st year Guy's, 2nd and 3rd years Region, 4th year Guy's.)

Senior Registrar in Physical Medicine—Guy's and Bromley and Farnborough Group. (1st year Guy's, 2nd and 3rd years Region, 4th year Guy's.)

Senior Registrar in Psychological Medicine—Guy's and Bexley Group. (1st year Guy's, 2nd and 3rd year Region, 4th year Guy's.)

Senior Registrar in Orthopædic Surgery—Guy's and Medway and Gravesend Group. (1st year Guy's, 2nd and 3rd years Region, 4th year Guy's.)

Senior Registrar in Obstetrics and Gynæcology—Bromley and Farnborough Group. (1st year Guy's, 2nd and 3rd years Region, 4th year Guy's.)

Forms of application are obtainable from the Superintendent's Office, and the Medical School Office, and should be lodged in one of these Offices not later than **24th May, 1954.**

All Appointments to start on 1st October, 1954.

GUY'S HOSPITAL DENTAL DEPARTMENT

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October 1954 :—

Department of Conservative Dental Surgery.
Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Clinical Dental Surgery.
Part-time Registrar to attend on 2 sessions per week.

Assistant to the Visiting Dental Surgeons.
Part-time Registrar to attend on 6 sessions per week.

Department of Dental Prosthetics.
Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Department of Preventive Dentistry.
Part-time Registrars to attend on 6 or 3 sessions per week.

Casualty Department.
Part-time Registrars to attend on 6 or 5 sessions per week.

Extractions and Minor Oral Surgery.
Part-time Registrar to attend on 6 sessions per week.

Dental Department for Children.
Part-time Registrar to attend on 3 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Saturday, 22nd May, 1954.**

APPOINTMENTS

UNIVERSITY OF LONDON

Readership

Mr. David Phillippe Walther has been appointed to the Readership in Orthodontics tenable at the Royal Dental Hospital of London, School of Dental Surgery.

Teacher

Dr. J. A. Nissim has been recognized as a teacher of the University in Pharmacology.

Advanced Medical Studies

Professor J. Whillis will be a representative of the Board of Pre-clinical Studies on the Board of Advanced Medical Studies for 1954.

M. D. Warren, M.B., B.S., has been appointed Senior Assistant Medical Officer (Staff Medical Examination) to the London County Council

A. E. Gibbs, M.A., M.B., B.Ch., has been appointed Assistant Physician (S.H.M.O.), to the Walnuttree Hospital, Sudbury, Norfolk.

NURSING STAFF

Appointed to the Staff:

Mrs. G. S. Imley	Staff Midwife.
Miss C. Macrae	Staff Midwife.
Miss S. A. Johnson	Staff Midwife.

SQUASH CLUB

The Annual General Meeting of the Club will be held on Tuesday, 11th May, at 1 p.m., in the Medical School Committee Room.

PASS LIST

American Board of Dermatology and Syphilology.

R. G. Walton, M.B., B.S., passed with honours in October, 1953, the examination for membership of the American Board of Dermatology and Syphilology.

UNIVERSITY OF OXFORD

2nd B.M. Examinations.

Hilary Term, 1954.

Pharmacology and Principles of Therapeutics

M. Kinsbourne. D. A. Lillicrap.

Forensic Medicine and Public Health

C. P. McEvedy.

Special and Clinical Pathology

C. P. McEvedy.

UNIVERSITY OF LONDON

Special Second Examination for Medical Degrees

March, 1954.

M. J. Allan
M. V. Appa Rao
N. H. Avison
P. G. Benson
A. F. Broad
T. M. Bull
R. M Clark
R. E. Clayton-Jones
J. A. I. T. Clement
S. A. R. Cooke
B. L. Copley
M. J. Coucher
Barbara C. Dean
G. H. Forman
Rosalie M. Harrison-Bloom
P. R. Hewett
D. C. Humphrey
Patricia O. Lane
M. J. Lavine
I. Lewis
I. McColl
C. A. G. Mackenzie
C. Maggs
E. B. Morgan
F. H. Muir
B. R. P. Murray
P. M. O'Driscoll
P. O'Gorman
R. E. Owen
P. C. C. Pitt
A. P. Redmond
Elizabeth A. Ridley
M. Roberts
D. S. Robertson
R. W. Salmon
P. C. Shaw
T. Sherwood
I. D. Simpson
R. D. Smith
E. Stockdale
P. A. R. Sukhbir
M. F. Terry
J. A. P. Trafford
K. B. Tyrer
Joyce Warner
C. Wastell
R. R. Watkin
W. E. Watson
P. B. Whatmore
S. R. Williams
Susan M. Wilson
D. G. Yetman

CONJOINT BOARD

D.C.H.

Melvin Lewis
G. N. St. J. Penney
H. H. Shawdon

L.R.C.P., M.R.C.S.

April, 1954.

Pathology

Sheelagh F. Evans
I. U. Fraser
K. S. Jap
H. R. B. McCauley
P. J. J. O'Neill
*C. W. Pook
E. G. Reynard
D. J. Roberts
G. G. Temple
J. T. N. Williams

Medicine

D. W. Atkinson
*Jacqueline E. Banbury
*H. R. Bissoon Dath
J. D. Chard
*D. Constad
D. K. Fairweather
G. Gover
*D. C. Linahan
R. J. S. Milton
*T. W. Nicholson
Barbara K. Oliver
*C. W. Pook
M. W. Potts
J. Richardson
*Corinne J. Richardson
A. Robinson
B. H. B. Robinson
*L. Stimmler
D. N. Whitmore
*D. H. Williams
J. T. N. Williams
*J. H. P. Willis
*C. F. A. Younger

Surgery

*A. Berry
*D. Constad
B. P. Gregory
K. A. Hillard
*N. A. G Leadbeater
*D. C. Linahan
*Sheila M. Mullally
*O. Morton
*D. L. Smithson
*E. E. D. Tomlin
*J. H. P. Willis

Midwifery

J. D. Chard
B. B. Collins
I. U. Fraser
K. A. Hillard
J. H. C. Hunt
*P. Jenkins
P. J. J. O'Neill
J. B. Pond
D. J. Roberts
R. O. Selby

*Have completed the examination.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

March, 1954

Surgery: *C. D. Chilvers.
Medicine: P. A. T. Martin.
Midwifery: D. V. Burke. *J. W. Kirkbride.

*Have completed the examination.

GUY'S HOSPITAL MEDICAL SCHOOL.

Beaney Prize in Pathology, 1954.

P. S. Boulter

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 line 2s. 6d. 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates :

1 line 6s., 4 lines 20s. Box Numbers 9d. extra

REBELLE—Coiffeur de Dames, 29 Berkeley Street, W.1.—offer their special mannequin service of 33⅓ reduction to students and members of Guy's.

TYPEWRITING, First class service by qualified typist at economical rates. Theses, manuscripts, testimonials, etc.—Box No. 33.

BOARD RESIDENCE offered by Guy's man's family. Delightfully situated. 35 minutes London Bridge. Moderate terms. Garage available. Phone : Sanderstead 1446.

Wanted

OLD PSYCHIATRIC and Psychiatric and Neurological books and journals required. Please send titles to Box 44.

For Sale

18 CT. GOLD HALF HUNTER pocket watch in excellent condition. £15.—Box No. **46.**

STUDENTS' HEALTH SERVICE

Mass Miniature X-ray

The Ministry of Health Mass Miniature Radiographic Unit will be at Guy's on Monday, 10th May, 1954, and subsequent days for the routine examination of students in the Medical and Dental Schools.

Before this date, notices will be posted in the Medical School, Dental School, Colonnade and College, giving the times of appointments. It is hoped taht all students will make every endeavour to attend promptly at the time asked so that examination may proceed rapidly and efficiently.

Should a student find that his name does not appear on the list, or that he is unable to attend at the time requested, he should communicate with the Secretary to the Students' Health Service (Telephone HOP 3500, Extension 389).

PAPERS BY GUY'S MEN

Audy, J. R. A Biological Approach to Medical Geography. *Brit. med. J.*, 1954, i, 960.

Bass, B. H. and others. Bilateral Hæmorrhagic Effusion Complicating Acute Pulmonary Moniliasis. *Lancet*, 1954, i, 709.

Blacker, C. P. Promising Families : Élite and Moiety Eugenics. *Eugen. Rev.* 1954, **46**, 21.

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CHANGE OF ADDRESS

E. Tweddle, L.D.S.R.C.S., Flat 2, 37 Ashburton Road, Southsea, Hants.

BIRTHS

EMSLIE.—On 14th April, 1954, at Guy's Hospital, to Dorothy, wife of Ronald Emslie, B.D.S., F.D.S.R.C.S., a son (Robert Alexander) a brother for Douglas.

FRANCE.—On 5th April, 1954, at Queen Charlotte's Hospital, to Jennifer (née Payne), wife of Robert D. France, M.A., M.B., B.Chir., a son (Anthony James).

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE
A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS
PUBLISHED FORTNIGHTLY

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PASSIM

Look unto the rock . . .

FROM time to time, in days which are filled with pressing activities, it is right that we should stop to think (if only for a moment) of those who preceded us here. There was one such moment last Saturday morning at the Surgical Departmental round. Professor F. E. Stock, who had been invited to conduct the morning's proceedings occupies the Chair of Clinical Surgery at Hong Kong University previously held by Professor Kenelm Digby, a distinguished Guy's man whose recent death was a severe blow to his friends and his profession. The opening minutes of a surgical departmental round might seem to lend little scope for reminiscence—indeed there was none such, but Professor Stock's kindly reference to his predecessor in the Chair of Surgery which he now occupies was appropriate and timely. His words lend added interest to the account of the man and of the domestic scene at Guy's some fifty years ago which we print on page 191.

Moreover, today's *Gazette* does something to commemorate two other notable Guy's personalities. Of Miss Louise Haughton's great contribution to the Nursing Profession we cannot speak adequately here. Some indication of the scope of her influence for good is seen in the fascinating account of her life and work on another page, written by one of her successors as Matron to this Hospital. In a less public sphere Dr. Allen Pledger Piggot's contribution to our story is no less profound. The lives and work of these three is symbolic. Their story forms part of the rock whence we are hewn.

In the next month we shall have the privilege of meeting Professor Lawson Wilkins, of the Johns Hopkins Hospital, Baltimore. His programme at Guy's will be a full one, and he is anxious to meet staff and students while he is here. On Tuesday, 1st June, he will do a ward round in *William Gull* in the morning. He will also be conducting clinical meetings in the B.M.R. Department on three Tuesday mornings and Out-patient demonstrations on three Tuesday afternoons during the month. Professor Lawson Wilkins will also deliver the Addison Lecture in the Medical School, on 17th June. Professor Wilkins was officially welcomed to Guy's at a reception given on Monday night. We look forward to the lectures and rounds of this distinguished physician with great interest. His visit is one more happy expression of the close association which exists between our friends at Johns Hopkins and Guy's.

Dr. M. E. DeBakey, who will give the Carbutt Memorial Lecture on 20th May, is Professor of Surgery at Baylor University, Texas. This distinguished surgeon is assured of a warm welcome to Guy's Hospital.

We congratulate Professor Martin Rushton on being awarded the John Tomes prize of the Royal College of Surgeons.

We extend our congratulations to Dr. K. S. MacLean on his recent election to the Fellowship of the Royal College of Physicians.

Some two months ago at the Sabin Amphitheatre, Denver, Colorado, a distinguished gathering assembled to take part in a programme, "Research in Tuberculosis," which was arranged to mark the dedication of the Gerald B. Webb Memorial Building there. The late Dr. Gerald Webb came to Guy's in 1890 and qualified in 1893. A distinguished career in America followed. He was consultant in Tuberculosis to the American Expeditionary Forces, 1918–1919, President of the National Tuberculosis Association 1920–21, and represented the Association at its first conference in London in 1921. He established the Colorado Foundation for Research in Tuberculosis in 1924. He died in 1948, and this Memorial Building named in his honour is a fitting monument to one who devoted his life to the study of Tuberculosis and its problems.

There was a quite unexpected response to our remarks about the sad state of the externs' bicycles. Offers of new machines began to come in from many quarters and although it has been impossible to accept them all, four bicycles have now been received at Guy's. Mr. George Elrick, the King Rat of the Grand Order of Water Rats, 20 Southampton Place, W.C.1, presented three new models on behalf of his organization—responsible for so many kind and philanthropic acts. Mrs. Tizzard, of 6 Evalina Road, Mitcham, gave another as an expression of her happy association, since childhood, with the work of the Hospital.

To these two generous donors in particular and to all those others whose offers, although not accepted, were most gratefully received, we should like to express our warm thanks for such happy and valuable gestures.

Our work in "the district" is fortified by this new equipment which is painted in the gay Guy's colours of blue and gold. Among the new machines now available is a ladies' model, and the Hospital authorities have taken appropriate steps to see that their maintenance and care shall be of a high standard, befitting not only the work for which they are intended, but also the generosity of their donors.

We offer our heartiest congratulations to Mr. Roger Bannister of St. Mary's Hospital, on his magnificent achievement in establishing a new world record for the mile. The four minute mile has long been an ideal sought with a fervour previously accorded only to the first ascent of Everest. We all rejoice that its final conquest should have been the work of one of our contemporaries.

We published in our last issue the appointment of Dr. M. D. Warren to a post with the London County Council and we regret that his qualifications were wrongly given. They should have read M.D., D.P.H., D.I.H., and we express our apologies to him for the mistake.

The search for a recipe of a kidney pie, enjoyed over thirty years ago at the Hospital by an old Guy's man now in America, was the subject of recent national press comment. This raised some interesting domestic issues as, apparently, such a pie is now no longer made. It was only a labour of love by a reporter, a chef (and the Radiation Cookery Book) which blew the obscuring dust from the recipe for this delicacy. We, at Guy's, are still only meet for the " Individual steak pie," but we rejoice with our exiled and senior colleague in his reunion with his favourite dish after so many years.

Kidney pie of Guy's, Farewell!
In the Spit your luscious smell
Shall no more our palate tickle
Offal's short and memory fickle.
Farewell, Alas! great renal pies
Lost over Transatlantic skies.

GUY'S DIARY

MAY			Exhibition. Department of Surgery. *The Surgical History of Guy's.*
18th	T	1.00	Professor Lawson Wilkins. Clinical Lecture.
		1.00	Professor M. A. Rushton. Dental Clinical Lecture. *Recent Cases of Interest.*
		5.15	Ex-Supt. C. R. M. Cuthbert. *The Medical and Legal Aspects of Some Cases of Crime Investigation.* Introduced by Dr. Keith Simpson. Anatomy Theatre.
20th	Th	1.00	Dr. Charles Baker. Clinical Lecture.
		5.00	**Carbutt Memorial Lecture.** Dr. M. E. DeBakey. *Surgical Considerations of Diseases of the Aorta.* Chairman, Mr. R. C. Brock. Physiology Theatre.
		5.00	X-ray Meeting. Gordon Museum.
		7.30	Students' Union Summer Dance.
21st	F	1.00	Dr. J. C. Houston. Clinical Lecture. *Hæmophilia.*
		2.15	Combined Round. Pre-clinical Classroom.
22nd	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
24th	M	1.00	Mr. T. L. T. Lewis. Clinical Lecture.
25th	T	1.00	Mr. Guy Blackburn. Clinical Lecture. *Peritonitis.*
		1.00	Mr. J. W. Mansie. Dental Clinical Lecture. *The Practice of Dentistry.*
27th	Th	9.00	Ascension Day. Corporate Communion. Guy's Hospital Chapel.
		1.00	Dr. D. M. Carnegie. Clinical Lecture. *Acute Bulbar Poliomyelitis.*
		5.00	X-ray Meeting. Gordon Museum.
28th	F	2.15	Combined Round. Pre-clinical Classroom.
		5.00	**Fison Memorial Lecture.** Professor G. Stead. *Making Sound Visible.* Chairman: The Dean, Dr. E. R. Boland.
29th	S	3.00	Guy's Hospital Sports. H.O.P.
31st	M	1.00	Dr. M. J. F. McArdle. Clinical Lecture.

GUY'S HOSPITAL
SUPPLEMENT TO NATIONAL FORMULARY, 1954.

The Guy's Hospital Supplement to the National Formulary, 1954, is now issued and is on sale in the Superintendent's Office to Medical, Dental or Nursing Staff and Students, at a cost of 4*s*. 7*d*. per copy.

It gives a great deal of information which was contained in the old Guy's Hospital Pharmacopœia. The National Formulary and this Supplemen twill now take the place of the Guy's Hospital Pharmacopœia which will not be published in future.

W. D. DOHERTY,
Superintendent.

NOTICES

"GAZETTE" INDEX, 1953.

The 1953 Index of the *Gazette* is now ready for distribution, and may be obtained free of charge from the Wills Library or the *Gazette* Office, 6 St. Thomas Street, S.E.1.

STUDENTS' UNION BOOK EXCHANGE

NOTICE is hereby given that all books in the Book Exchange which have been unsold for over three years will be disposed of by the Students' Union unless withdrawn by 31st May, 1954.

FLORENCE NIGHTINGALE CENTENARY CONCERT

This concert, in aid of the Florence Nightingale Memorial Fund, will be held in the Royal Albert Hall on Thursday, 3rd June, at 7.30 p.m. The soloists taking part are Dame Myra Hess, Ena Mitchell, Pauline Brockless and Alexander Young. The London Symphony Orchestra and the United Hospitals Festival Choir will be conducted by Colin Ratcliffe. The programme includes the Brahms' Academic Festival Overture, the Schumann A Minor Piano concerto and the Mendelssohn Second Symphony and Hymn of Praise. Tickets at all prices may be obtained from the Box Office, all usual agents and from Mr. G. S. Piller, 92 Shakespeare Road, Hanwell, W.7.

SPITZBERGEN EXPEDITION

A doctor is wanted on an expedition to Spitzbergen: July 21st—September 9th. Some experience of mountains and glaciers desirable. Fares and share of expeditions expense's about £90. Sledge journey from West coast to N.E. of main island for the purpose of surveying. Will anyone interested please write to :—W. Tennant, Druimantavore Lodge, Crieff, Perthshire.

Thirty Years Ago

From Guy's Hospital Gazette, 10*th May*, 1924.

. . . We would congratulate the Hospital Authorities on the election of Dr. J. J. Conybeare to the Staff as Assistant Physician. This is a generally popular promotion, as was shown by the tumultuous reception that Dr. Conybeare received on entering the Theatre to deliver his first clinical lecture.

* * * *

One of the most thrilling of Inter-Hospital events is the Annual Boat Race against St. Bartholomew's Hospital. This titanic struggle will take place at Putney at 5.30 p.m., on Tuesday, May 20th, when we hope that, as usual, a launch will be hired to follow the boats.

Sixty Years Ago

From Guy's Hospital Gazette, 12*th May*, 1894.

Particulars of the following can be obtained on application at the Medical Office . . . FOR DISPOSAL.—OLD ESTABLISHED GOOD MIDDLE CLASS PRACTICE in populous N.E. London Suburb. Annual receipts upwards of £1,600 and increasing. Expenses of practice, including rent and taxes, under £450. Ordinary opposition. One and a half years' premium. Twelve months' introduction. Sound and exceptional opportunity for a capable and energetic man between thirty and forty years of age and married, or about to be married.

OBITUARY

LOUISE VICTORIA HAUGHTON, R.R.C.

December, 1867—March, 1954.

Entered Guy's Hospital, December 1896. *Certificate* 3 *years training. Sister, Patience and Samaritan Wards. Astley Cooper Ward. Lady Superintendent, Sir Patrick Dun's Hospital, Dublin, September* 1902. *Matron, Guy's Hospital, September* 1909 *to February* 1917. *Civil Matron on the Board of Queen Alexandra's Imperial Military Nursing Service,* 1914–1917. *Holder of the Butterworth Guy's Medal, the Cazenove Gold Medal, the Massage Certificate,* 1*st Class. Royal Red Cross,* 1*st Class,* 1917.

In the summer of 1909, when I had just begun my second year of training, I and my young fellow-probationers heard the current gossip that our Matron, Miss Sarah Swift, was about to retire. The new Matron was coming from Dublin, an Irishwoman, who had trained at Guy's—years ago or so it seemed to us. I was glad that she was an Irishwoman ; apart from that, I thought no more about it ; lectures, examinations, and the daily minor crises in the ward filled our young 'pro's' heads. And then, in September 1909, I first saw her and, to this day, I remember that meeting and the impression she made on me. There she was, our new Matron, Miss L. V. Haughton, walking beneath the plane trees along the sunlit path in the Park.

We met, face to face. She wore a long black frock, a white apron with a short bib, and a rounded white cap. She never wore a peak to her cap. With her deep set eyes in a small oval face she looked, to me, like some wise watchful squirrel—and then she smiled, and her whole face lit up with humour. That was the key-note of Miss Haughton's character. A high ideal, a becoming gravity in repose, a steady devotion to the work that lay in front of her, whatever it might be. She had a love of music, poetry and art, and the keenest sense of humour.

Very soon, the nursing staff felt that a forceful yet understanding personality had come into their lives. Miss Swift had been strict, a disciplinarian; kindly, but rather aloof. Miss Haughton was no less strict, no less a disciplinarian, but most human and approachable, and full of interests in life apart from nursing.

At that time nurses had very little " off-duty " time, and their lives could easily become narrow. Through the various sections and activities of the Nurses' League, our new Matron encouraged us to pursue handicrafts, poetry readings—she took me to one in a stable loft in the early days of the Poetry Society—we were made to debate, to sketch and to take beautiful photographs : those were the early days of amateur photography and we had, in the Nurses' Home, our own well-equipped dark room and enlarging machine. Free theatre tickets and concert tickets often came to the Hospital. Miss Haughton would discuss with the nurses afterwards what they thought of the play—or the music. We were encouraged to visit picture galleries and places of historic interest in London. There were mixed tennis parties at Honor Oak Park ; mixed swimming galas ; dances became less formal. And all the while our work was kept up to a high standard. I remember, during some talk to the staff, Miss Haughton told us that nurses were citizens of the world, for, in the course of their professional lives many of them might travel and work all over the world. In so doing, they should always identify themselves with the patient, the country and the customs (the best of them !) of the country in which they found themselves. Nurses took up nursing to SERVE, not to be looking for their " rights."

But no one was more keenly aware than Miss Haughton that the nursing profession needed to be re-organized, improved, and set in its proper place among the leading professions for women. To this end she collaborated whole-heartedly with Sir Arthur Stanley (Treasurer of St. Thomas's Hospital) Sir Cooper Perry (the Superintendent of Guy's Hospital) and other leading people who were interested in the movement for the state registration of nurses, and the formation of the new organization for nurses, the College of Nursing, later to become the Royal College of Nursing under a Royal Charter.

In 1914, when the first World War broke out, Miss Haughton, who was already serving as a Civil Matron on the Board of Queen Alexandra's Imperial Military Nursing Service, was called upon to give many hours each week to this outside activity. The existing establishment of army sisters was only a drop in the ocean of the war time requirements. As the war progressed, military hospitals were expanded to an extent undreamed of in days of peace and huge numbers of civilian nursing isters were drafted into the army, and known as Queen Alexandra's Reserves or Civil

Hospital Reserves. Miss Haughton, and other matrons in civilian life gave invaluable service on the Army Nursing Board, assisting the Matron-in-Chief and the Director of Medical Services to assimilate these strangers and to draft new rules and regulations to meet the new circumstances of the emergency.

Meanwhile, Guy's itself, was bereft of a large part of its skilled staff, which " went to the war "—physicians and surgeons, house officers and sisters, trained nurses, members of the works department staff. The task of keeping the Hospital running smoothly from the nursing and domestic point of view, fell very heavily on the Matron. In those days there were practically no staff nurses, there was no full time office sister, there was only one assistant matron, and only one office clerk (the famous Miss M. Smith who came to the office as a young girl in Miss Nott-Bower's Matronship and never left it until about a year before her death during my Matronship.)

The calls on the Matron were endless. The Army Nursing Board made heavy demands upon her time—to catch up, the Hospital office work was carried on far into the night. Relaxation was almost impossible. All her life Miss Haughton had suffered from time to time from migraine—intolerable headaches and nausea, although, with her buoyant determination she rarely allowed this to incapacitate her for more than one day. Now, at last, the strain proved too much for her health, and in November, 1916, she had a stroke. At first, her life was despaired of—deprived of speech and motion—all gone, but slowly and calmly she improved and at length, after long convalescence she regained all her faculties and much of her physical power. By February 1917, she was able to go away to the seaside to recuperate. But her resignation from Guy's was inevitable and she rendered up her stewardship into the capable hands of Miss Margaret Hogg, who, as her loyal assistant matron had carried on at first, and ultimately been appointed by the Governors as Deputy Matron, throughout the dark months of uncertainty. During her illness Miss Haughton had two letters from Miss Charlotte Knolleys, Queen Alexandra's Lady-in-Waiting, each conveying the Queen's deep personal sympathy and anxiety for the welfare of the woman whose quality she had come to know and appreciate. It was a sad day for Guy's when Miss Haughton departed, for in the seven years that had passed, she had endeared herself to the men and women with whom she had come in contact, and the nurses knew well that a rare spirit had gone from their midst.

In 1924, Miss Haughton felt well enough to take up work once more. Lepers and their distressing problems had always interested her and, when a vacancy occurred, she was glad to become the Guest Mistress at St. Giles' Home for Lepers at East Hanningfield, in Essex, and that post she held until 1933. Here she dispensed her own wonderful brand of hospitality to a wide variety of people. Miss Lilian Bayliss of the Old Vic Theatre was a frequent visitor and a great personal friend, bishops, clergy, missionaries, doctors, nurses and visitors to the nuns and the patients all experienced her thoughtfulness, her understanding and her most kindly sense of fun. She knew how to lighten the dark cloud of despair which sometimes settled on the leper patients or on their families.

At length, she retired to well earned rest in Dorset, at Packhorse Cottage—a delicious name—and in the deep countryside and a simple life she breathed in content. She was able to bring to the village people the same friendly interest, the same light-hearted yet uplifting attention that she had bestowed in former years on the Guy's nurses, and the lepers in Essex and many others. The variety of people who have known her well will always remember her deep religious faith, her humility, her enduring friendships and her sense of fun. During her retirement in Dorset she kept in touch with a wide circle of Guy's men and women. It was a joy to her when one of them paid her a visit and gave her some of the " Old Guy's " news.

Her memories of Guy's dated from the time when children were carried by the nurses up and down the stairs before and after operation ; when all wounds were sprayed with carbolic lotion; when the nurses' hours of duty were long and two hours off—on alternate evenings—were sometimes spent in a hurried dash to a relative's house to enjoy a hasty but hearty meal, for in those days of the late nineteenth century, meals for nurses were very rough and ready. Even later on, when I was a probationer, we had butter—so called—sent up in kegs, and on cutting down one day I found a whole mouse embedded in his buttery grave ! In spite of the rough conditions there was much good will in the nurses' homes and hostels. The home itself was not opened until 1902. Miss Haughton loved every moment of her training at Guy's, and as she often said, every stone of its buildings. In the early days of my Matronship, I had many a letter from her; each in its friendly interested tone, without any obvious intention on her part, gave me encouragement, and I was only one of the host of her correspondents.

In those last months, when her life was drawing to a close, in some pain very patiently born, it is good to know that she was surrounded by affection and love. When I was at Guy's, I always felt her spirit and influence about me. I believe it will always hover over the hospital.

Her children shall rise up and call her blessed.

E. P. MacM.

KENELM HUTCHINSON DIGBY O.B.E., M.B., B.S., F.R.C.S.

I first came across K. H. Digby when he was dissecting his first part—an upper limb—with G. F. Stebbing, and I was on the adjacent head and neck, so that we overlapped on the Trapezius and the Brachial Plexus. Men one year junior or senior might then go through the whole of their time in the wards and house-appointments without ever working together ; and so it was with Digby and me. We did not come into personal contact again until he became surgical registrar in October, 1909. There were two of these in those days. It was a two year appointment and I had already been on for one. We were not a part of any firm, nor had we any clinical responsibility or ever got any operative experience. Surgical Registrar and Tutor was the full title and this exactly describes the duties. We kept the reports, saw, or tried to see, that they were written up, filled in the headings from which the index was made, prepared this, and then numbered them and took them down to the office to be bound. We also taught. The ward-clerks were our henchmen, and the Dean—Mr. Eason—said teaching them was our special duty and responsibility ; but we had also not to ignore men up for their finals who came round with us. We were supposed to teach the examination of the patient, elementary general surgery, the application of this to anatomy and surgical pathology and diagnosis. We were not supposed to teach treatment, whether operative or not, nor the indications for operation ; but we touched on these, from an anatomical standpoint only, when going through the reports of the ward-clerks in old cases that we might see; but we were not supposed to discuss the pros and cons of various operative measures or possible modifications of any given one. All these matters were left to the member of the staff in the afternoon. These rounds went on till one o'clock, but as an act of courtesy we did not go into the women's wards after 12.30 p.m. except as a matter of emergency. On one day a week—or was it two ?—we gave a class from 12 noon to 1 p.m. on bandaging and strapping or on surgical instruments and their purpose and use. Of course we cleared out at 12 noon on Saturday, and on Wednesday we let off any ward-clerk at that time who was playing cricket or football ; so we did not stay in as long as our standing orders seemed to imply. Certain foolish women used to put up a notice that the ward was closed at 12 noon. This action, claiming what they had no right to, merely brought some registrars into their wards at that hour. Registrars were human beings, wanting to disturb the patients as little as the efficient carrying out of their duties allowed. In the wards where these notices were not put up until 12.30 p.m. no friction ever occurred. Between 12.30 and 1 p.m. on the rare occasions when the round lasted so long, it was unlikely that there was anyone present other than the registrar and the ward-clerk concerned.

Everything removed at operation was taken to the registrars' room, and they were responsible for having sections made by two students. Mr. Alan Todd, a beautiful microscopist, subsequently surgeon and then orthopædic surgeon to the Croydon General Hospital, held the appointment while Digby and I were registrars. He used to produce the most beautiful sections I have ever seen. We had to look at these and to report to the surgeon on them. Difficult ones we took to Mr. J. H. Targett, one of the obstetric surgeons and the greatest microscopical anatomist of the day.

Digby had been ward-clerk to Perry and Hale-White, the best teachers of that date and totally different one from the other. He was assistant surgical dresser to "John" Dunn and then became dresser to Mr. Symonds. In "Clinical" he had Drs. Fawcett and French, the former being one of the old school which founded its medicine on anatomy—normal and morbid—the latter with one foot in each camp of the post mortem room and the laboratory. He had therefore had a good education when he took his conjoint in one go—medicine, surgery and midder together—in January, 1907, and followed it with the M.B., B.S., in May. He had swept the board with the school prizes and been student demonstrator in anatomy. He did not do assistant house surgeon but passed straight from clinical to out-patient officer and then became house surgeon to Mr. Symonds with whom he gained a friendship that was, I think, equalled only by that between Symonds and Stebbing. It is noteworthy that these two men were probably the only two trained at Guy's in the first ten years of this century that advanced the principles of surgery. That of Mr. Stebbing in changing the treatment of cancer from the knife to the rays should be well known. That of K. H. Digby is less so. Being house surgeon to Symonds also meant working under his assistant surgeon Mr. F. J. Steward. But Mr. Symonds did more than teach and influence him. He sensed that Digby had no money with which to hang on and helped him with a considerable sum. The exact terms are not now known. Digby told me about it a year or so before he died. I believe it was offered as a gift and accepted as a loan. I knew that Digby insured his life for £500, in order that it might with certainty be returned in the event of his premature death.

" Old Charters " was a man who not infrequently did acts of great generosity unknown to anyone but the recipients. One may be recounted here. He was president of the Medical Society in the year that Digby and I were registrars together. He told us that he would be very honoured if we were to join the Society during his presidency, and that to mark his appreciation he would like to pay our entrance fee and the first year's subscription. It was not only the money, it was the thought that it would be good for us to belong to that Society that mattered.

Digby liked things to be in order and together we settled down to edit the index of the reports. We tried to get some order into the terminology on an anatomical basis, and to get rid of old men's names. We cut down the indices from three to two by putting the operations with sloped type and an indented margin in the same index as the diseases. Working together we spent 100 hours on the preparation of this. When finished it was by custom circulated to all members of the staff. No one ever commented on the reference to me, and I doubt whether anyone did to " Digger." I also doubt whether anyone then looked at it, or whether any young surgeon subsequently doing " research " has observed that, for two years, the index had in it something different. After that time it was back in its old higgledy-piggledy state.

Digby had a philosophic turn of mind, and would never allow me to use a " teleological argument." I never quite understood what he meant by that, but stuck out against him in his other criticism of my " cavilling at the students' use of terms." I noticed, however, that before the year was out he became an extreme stickler for the meaning of the words used. As time went on most of his teaching of surgery was taken up with this.

During this time, he was also a clinical assistant in the Ear department; and there is in the *Guy's Gazette* (Vol. XXV p. 203) a short article which is the first draft of his ideas upon the " Sub-Epithelial Lymphatic Glands " and in which this term is first used. We never discussed the subject between us.

His job as registrar ended in September 1911, and for a time he was at a loose end ; but in 1912 he became P.M.O. to the Great Central Railway ; but not for long. A vacancy came as Professor of Anatomy to the University of Hong Kong, which he got. He went there in 1913 and to Hong Kong he gave his life's work. He married and had two daughters. They were very happy there.

Two years later he transferred to the Chair of Clinical Surgery. It was this sequence of Professor of Anatomy and Surgery that gave power to his work on the lymphoid tissue. His term the " subepithelial lymphatic glands " included all those masses of lymphoid tissue that lie between the mucous membrane and the muscles from the naso-pharynx to the rectum. He " shewed " (" pointed out " would be a better term, for it at once became " obvious " the moment he had done so) that these all had the same structure as the lymph nodes—then called glands—scattered throughout the body in the cellular tissue ; that they also had the same structure one with the other all along the alimentary canal differing only in size ; and that lymph-patches in the posterior pharyngeal wall, the solitary lymph nodules of the stomach, the Peyer's patches, and the solitary lymph nodules of the large intestine were all the same thing, and were the same as the two large masses of lymphoid tissue, the tonsils and the vermiform appendix. He then shewed—used properly this time—that the function of all these was to fight organisms, that might be harmful to the host, by ingestion and destruction. This revolution in clinical pathology came in unobserved. How many people have heard of his book *Immunity in Health, The Function of the Tonsils and other subepithelial Lymphatic Glands in the Bodily Economy*? How many have ever read it ? Some would not look at it because it did not come from any of the great centres of medicine of the moment. I have even had it said to me by an assistant editor commenting on a paper of mine that quoted it : "Yes ! but who is Digby ? and where is Hong Kong ?," Digby stuck at this to the end, returning to it at the Royal College of Surgeons after he had come home from Hong Kong after the second war. All this today is absorbed into the web and woof of clinical medicine. A young man or maiden may well say "We know all that. What is there wonderful in it ?"

But, before his work, all was different. Firstly, he got rid of the idea of vestigial remnants. These used to hold a great place in anatomical and surgical thought, and it was generally thought that if a structure was a vestige it was useless and might be removed with impunity. More than that—it was actually harmful—and it was a good deed to remove it, and the vermiform appendix and the tonsils were vestiges in the thought of the day. The other thing was this : from the time that the clinical bacteriologists took up on Almroth Wright's work on opsonins no one—except Digby—did any "work" on the resistances of the body. All was on the microbes and their variations in vitro, until the coming of the anti-biotics. For 30 years he kept the flag flying for the reactions of the body against them.

When the Japanese war started, he got his family to safety to Canada, but, of course, he stayed behind himself. No one new exactly what he went through. He did not speak of it. We cannot say more than what the *Lancet* did:

> "At the outbreak of the Pacific War, Digby was in charge of casualties and emergencies at the Queen Mary Casualty Clearing Hospital of some 800 beds. This was the leading hospital dealing with wounded civilians, but many wounded from the services and volunteer force in Hong Kong were admitted during the eighteen days of aerial bombardment and point-blank shelling by the Japanese which followed the outbreak of the Pacific War in December, 1951.
>
> After the surrender, the Japanese military authorities, who were well aware of Digby's high reputation, invited him to stay out of internment, and sought his co-operation. Digby steadfastly refused and courageously insisted on going into internment in Stanley civilian internment camp. He maintained his courage and integrity against severe Japanese pressure throughout nearly four years of internment. He never spared himself as senior surgeon to the improvised camp hospital, and he contributed a great deal to the morale of that camp of 3,000 people from many nations and from all ranks of life. The privations which he and others suffered—there were several hundred cases of beriberi among the internees, apart from other deficiency and disabling diseases—took toll of his health and strength."

He went back, but the time came when the retiring age brought him home again. He wondered whether he should return to continue his private practice ; and in the meantime, as already stated, worked at the Royal College of Surgeons for what everyone had by then accepted. And then illness decided for him and he stayed.

T.B.L.

ALLEN PLEDGER PIGGOT, M.R.C.S., L.R.C.P.

There has recently died one of those men who work to the greater glory of Guy's quietly and unknown to the many, but beloved by the few who knew them.

Dr. Piggot may be called the last of "the school of Wilks." "Bred as I was in the school of Wilks" rang out the voice of Goodhart when giving the opening address to the Pupils' Physical Society with the grand old man of Guy's in the chair, just about at the time that Piggot was getting qualified, 1903 ; and in his first job at a mental hospital he started doing post-mortems in all the patients that died in it. He kept no record of the number, but he always said that this was one of the most instructive experiences of his career as it gave him an insight into the appearance of the normal viscera that could not be gained otherwise. He was away in the war, and came back to St. James's, Balham, then an infirmary, and worked there till he retired three years over the age limit in 1946. There he began the study of morbid anatomy in which he built up his knowledge of medicine. He did there over 10,000 post-mortems, and of these he cut sections in 2,000 of them with his own hands. When the L.C.C. had set up their central laboratory he sent his pieces for section there, and they sent him a section with their report.

But there was another way in which he gained his experience. Wilfred Trotter once said that you absorbed surgery through the skin by your contact with the patient ; and so you do medicine—and there he was, going round his wards every morning, seeing cases with the junior M.O's, called over to see patients taken suddenly worse when he was on duty in the afternoons, and going round the wards again nearly every night.

One high official at County Hall once said that his was the best medical opinion in London if only you could get him to state it. This was his weakness. He was so retiring he could not push himself forward either by the voice or on paper. But if you asked what might be the cause of a case of suppression of the urine with œdema of the glottis he would answer, " Of the 8,000 P.Ms. I have done in this Hospital there were five who died with anuria, in three there were bilateral stones of the kidney, in one a growth in the pelvis, and from one the surgeon had recovered a single kidney." And if you could get him to lean against the door-post of a ward, and look at you side-ways over the top of his glasses, from under the locks of his curly hair, and could hear him tell what Howse used to teach, or Goodhart said, or Frankie once did, the problem of a difficult case would sort itself out in your mind. He had a good story of Mr. Steward who was taking the revision classes and after the last one said " Well ! Good luck to you, you boys—You'll need it." The change of voice between the two sentences was inimitable, though both were exact Frankie. But the one of his teachers of whom he most often spoke was Dr. Bryant, an excellent clinician of the old school, whose premature death in 1907 was the last of the tragedies of the physicians that Guy's went through in a quarter of a century. He had been his clinical assistant in medical out-patients, an appointment which gave the holder a roving commission on all the cases under the assistant physician in return for helping him in any way in which he could make himself useful. For " Rosie " Bryant he had a great fondness, as well as a most sincere admiration. " He was a verray parfit gentil knight " and a most loveable little fellow.

T.B.L.

GUY'S HOSPITAL REPORTS

The new issue of the *Guy's Hospital Reports* is just out. A summary of the contents is printed below and we shall be publishing a review during the next few weeks. Dr. W. N. Mann who has been associate editor of the *Reports* since November, 1948, has been succeeded by Dr. J. C. Houston, who now becomes assistant editor to Mr. R. C. Brock.

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INSULIN

A Clinical Lecture given at Guy's Hospital by

CHRISTOPHER HARDWICK, M.D., F.R.C.P.

LADIES AND GENTLEMEN,—The story of insulin begins in 1890, when two pathologists working in Strasburg, von Mering and Minkowski, showed that removal of the pancreas in dogs was followed by diabetes. It is interesting that in order to confirm that it was the loss of the pancreas and not damage to other organs which was the cause of the symptoms, they asked von Recklinghausen to do post mortem examinations on some of their dogs.

Ten years later, in 1900, Opie at the Johns Hopkins Hospital in Baltimore showed that the specific histological lesion in diabetes was a hyaline degeneration of the islets of Langerhans. It was suggested that diabetes was due to the lack, or dysfunction, of a ferment from these cells. Numerous attempts were made to isolate this ferment, or *insulin* as it became known the name being coined from the Latin word for an island. Always, or almost always, the extracts that were prepared were inert. The one exception was reported by Lydia de Witt in 1906, but her work, the first discovery of insulin, was not confirmed and it was soon forgotten. It was generally held that the reason for these failures was that in the process of extraction the pancreatic juices destroyed any hormone that might come from the islet tissue. The problem was to prepare an extract from these cells alone. It was solved in 1921 by an orthopædic surgeon and a second year medical student.

Frederick Grant Banting qualified at Toronto in 1916. He served in France with the Canadian forces, winning the Military Cross, and after demobilisation he returned to Toronto to work at orthopædic surgery. In 1920 he set up as a surgeon in London, Ontario ; patients were few and he had ample time for reading. A paper in *Surgery, Gynaecology and Obstetrics* recounted that ligature of the pancreatic duct caused atrophy of all but the islet tissue. Banting at once had the idea of making an extract of such glands.

His enthusiasm for his theory was not shared by the professors at the local medical school or by his old teacher of physiology at Toronto. Banting, however, was persistent and in the end Professor MacLeod gave him permission to work in his department for eight weeks during the summer vacation. Two months to discover insulin ! C. H. Best, a student who had just finished his bio-chemistry, was to work with him to do the blood analyses.

Not only was Banting successful in the allotted time, but he also showed the reason for the failure of others who had tried this method earlier. If the ligature around the pancreatic duct was tied too tightly, atrophy of the whole gland occurred ; if it was too loose, atrophy of the secreting tissue was incomplete ; a very precise degree of tension was required for success.

The first patients were treated with the new isletin or insulin in 1922, and by the following year the preparation was being made on a commercial scale and was generally available. Even to-day patients who claim to have been the first to receive insulin are as numerous as the places in this country where the first bomb of the Hitler war is alleged to have dropped ! At least two such claimants attend the Guy's diabetic clinic.

The rest of the 1920's were occupied by physicians in gaining experience with the new substance, by research workers in trying to improve it and by manufacturers in endeavouring to increase the yield and purity of insulin.

Physicians learnt that an average dose of soluble insulin begins to have an effect in twenty minutes and is all used up in from four to six hours. It has to be given subcutaneously if it is to have its maximum action ; when given intravenously it is largely destroyed before it has time to work—a fact that is all too frequently forgotten to-day. The effects of an overdose of insulin were fully explored ; such hypoglycæmic reactions come on rapidly and the first symptoms are cerebral in origin. The patient feels faint or jittery, or he may become bad tempered, as did the bank clerk who threw a ledger at his boss ! Sudden unconsciousness may occur, as in the window-cleaner who, after working high on the outside of an Oxford Street store till long after his meal time, climbed down his ladder and went hurriedly to his canteen, where he fell flat on his face. Had this occurred a little earlier he would have fallen and hit both the crowds of shoppers and the headlines of the evening papers ! Sometimes drunkenness may be simulated, though not all will be as lucky as the patient who was arrested by a constable who was himself a diabetic. This policeman had omitted to tell his superiors of his disability and so no charge was preferred against the patient !

The dangers of hypoglycæmia, however, have been over-emphasised. It is still sometimes taught that in diabetic coma each unit of insulin used must be "covered" by one gramme of glucose, with the result that the recovery of some patients is seriously jeopardised by their being given too little insulin. Extreme caution in the use of insulin, which was the early teaching, still persists in some quarters and in a recent text book it is advocated that in the stabilisation of a diabetic the dose of insulin should only be increased by one unit at a time !

During the 1930's work went on to try to prolong the life of soluble insulin. Scott (1934) reported that the addition of zinc was effective in this way, but the quantity required was so great that the final product of zinc-insulin was too irritant to be used. In Scandinavia, Hagedorn and Jensen (1936) claimed that protamine was similarly effective, and following this several other protein derivatives, notably globin and salmine, were tried with success. None of these modified insulins, however, remained active for a full twenty-four hours. At about the same time, Scott and Fisher (1935) found that the addition of only a small quantity of zinc to a protamine insulin prolonged its duration of action to about twenty-six hours.

Zinc protamine insulin has been widely used for nearly twenty years. Many patients are satisfactorily controlled by a single injection of it each morning. It suffers from the disadvantage that it has no effect for from six to eight hours, it then reaches a maximum in about eighteen to twenty hours and finally wears off, generally in about twenty-six hours. In most cases a small dose of soluble insulin has to be given with it, in order to control the absorption of the carbohydrate eaten during the first part of the day. Some patients are unduly sensitive to the zinc fraction and find the injections are extremely painful and cause large red lumps around the needle puncture. In others it appears to be the protein fraction which causes a reactive dermatitis.

These are the insulins which are commonly used to-day, and the points about them can be summarised thus :—

Product	*Duration*	
Soluble insulin	1½—8 *hours*	*The only insulin used for the treatment of coma. Multiple injections required for* 24 *hour control. Valuable in the post-operative management of diabetics or for those with some other serious illness. Reactions of brief duration.*
Globin insulin	2-16 *hours*	*Two injections required for* 24-*hour control. Somewhat unstable in its action.*
Protamine insulin with zinc	16-20 *hours*	*A single injection will control mild cases, and, with the addition of a small dose of soluble,* 90 *per cent of all cases. Local reactions in about* 60 *per cent of patients. Hypoglycæmic reactions prolonged.*

Before turning to consider the very latest developments in the insulin story, there are two points which require emphasis. They may appear to be trivialities but in practice both can lead to errors which may be most serious.

Banting's original preparation was made in a strength of twenty units per millilitre. Soon after the preliminary period of caution was over, it was realised that doses involving the injection of several millilitres were often required. Concentrations containing forty and eighty units per millilitre were therefore made available. The long acting insulins were only made in strengths of forty and eighty units per millilitre. All syringes used were marked "insulin" and each twentieth of a millilitre division was numbered from 0-20 and the word "unit" was also engraved on the glass. These figures are only true when the most dilute preparation of soluble insulin, containing twenty units per millilitre, is used. When a preparation of forty units per millilitre is used, each division represents two units and, for an eighty units per millilitre, four units. Patients—and doctors—easily get into the habit of saying that they take "four units of the eighty strength," when they mean sixteen units of insulin. Such a way of speaking may lead to endless bewilderment, even in the best of circles ! It is not very long since a patient in this hospital was given three hundred and twenty units of insulin instead of eighty units. The confusion was started by the patient, made worse by the houseman and condoned by the nurse and sister who measured and checked the injection.

A dose of insulin must always be referred to in terms of units of insulin. A supplementary explanation should be given to the patient as to the volume which he should draw up into his syringe.

In an endeavour to simplify matters, the insulin manufacturers have adopted standard colours for the package of each preparation. To the same end, the British Diabetic Association has recently recommended the use of a syringe of narrow bore, so that the divisions are wide apart and more easily seen by anyone whose sight may be weak. The offending word "unit" is no longer engraved upon it.

The New Insulins

During the past few years a further step forward has been made in the search for long-acting insulins. Hallas-Möller (1951) and his associates in Denmark investigated the effect of different buffers on the duration of the action of insulin. From the time of its first discovery, insulin has always been buffered with citrate or phosphate, and no one has questioned the efficiency of these substances. Möller was the first who set to work to see if there was not some alternative which could be used, and he tried the effect of acetate solution. To his astonishment, he found that acetate-insulin had a considerably longer action than ordinary insulin. Möller also found that the duration of its action depended to some extent upon the size of the particles of the insulin used. Insulin exists in two forms. It may be precipitated from solution, when the particle size is extremely small and the preparation is known as an amorphous insulin. Alternatively, insulin can be crystallised, and in this case the particle size is measurable. Möller found that amorphous insulin acts rapidly and is destroyed within about twelve hours, whereas crystalline insulin may remain active in the body for as long as thirty-six hours. Small quantities of zinc are present in these substances, but no protamine or other foreign substance is used. A suspension, which is a mixture of three parts of amorphous "acetate" insulin and seven parts of crystalline "acetate" insulin, has been marketed, and is known as insulin zinc suspension Lente. This product became generally available just before Christmas 1953, and we have been using it in the Diabetic Clinic since last autumn. Early experiences with these new products are entirely favourable. As they contain no protein, they cause no local reaction and, as their zinc content is small, there is little pain when they are injected. Smooth control throughout the twenty-four hours from a single injection appears possible in most patients. Those patients who are not suited by the Lente preparation can often be satisfactorily controlled by the use of a special mixture of "acetate" insulin, containing different proportions of the amorphous and crystalline varieties.

Lente appears to be less practicable for the control of diabetes in children. The disease in these patients is notably erratic, as is their activity, and control is less easy with a long-acting preparation which goes on working once it has been injected, whatever the patient does. Usually, two injections in the twenty-four hours are used, and these are altered according to the child's activities. It may be that the parents of a diabetic child will have to be provided with separate phials of the amorphous (Semilente) and crystalline (Ultralente) insulins, with instructions as to what quantities of each to give, according to whether, for instance, the child is to spend the day quietly at school or vigorously playing football.

Postscript

Finally, by way of postscript, it is interesting to look at the future. It is known that the beta cells of the pancreas have a high zinc content, which falls as insulin is secreted. Alloxan possibly causes diabetes because of its affinity to zinc, by which means it enters the beta cells and injures them. Possibly, too, a high blood sugar induces a zinc glucose combination, with a simultaneous liberation of insulin. Indeed, zinc appears to be the key to the diabetic problem. Perhaps it will not be very long before we shall succeed in opening the lock of the door which at the moment prevents us from a full understanding of the reason why diabetes occurs.

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THE PASTORAL HEART OF ENGLAND

by R. E. SMITH, M.A., M.B., B.CHIR., F.R.C.P.

The West Midlands Physicians' Association meet six monthly alternately between Birmingham and a peripheral centre. It is usual for a local physician to give a non-medical description of his area. The following is the basis of the account given when the association met at Coventry on May 9th, 1953.

IT is now my privilege to welcome you on behalf of the physicians of Coventry to this ancient city. It was given a bad name three hundred years ago because : "*At Bromingham a town so generally wicked that it had risen upon small parties of the king's and killed or taken them prisoners and sent them to Coventry* " (Clarendon, 'History of the Rebellion', VI. 83).

If you want to know anything about this group of which Coventry is the centre I must take you for an imaginary journey, and we can start where Watling Street crosses the Avon at the point where the Oxford, Sheffield and Birmingham regions join. As we go north-west we soon see the church of Lutterworth where John Wiclif :

"*Acquired not only the renown of a consummate schoolman*
But the far more glorious title of the evangelic doctor.
His whole life was one impetuous struggle against the corruptions and encroachments of the papal court
And the impostures of its devoted auxiliaries, the mendicant fraternities.
His labours in the cause of scriptural truth were crowned with an immortal achievement
The translation of the Bible into the English tongue.
This mighty work drew on him, indeed, the bitter hatred
Of all who were making merchandise of the popular credulity and ignorance.
But he found an abundant reward in the blessings of his countrymen of every rank and age
To whom he unfolded the words of eternal life.
His mortal remains were interred near this spot: but they were not allowed to rest in peace.
After the lapse of many years his bones were dragged from the grave and consigned to the flames,
And his ashes were cast into the waters of the adjoining stream."

which we have just crossed. These are extravagant words written just over a hundred years ago when the cry of 'No Popery' was still heard in the land, or to use Trevelyan's words: "*When Roman Catholicism was still abnoxious to a strongly Protestant nation, as shown by the misdirected popular outburst against the so-called Papal aggression,' when the Pope set up territorial Bishops in England.*" The Roman Catholics had also just been given Civic equality by the Catholic Emanicpation Act of 1829. John Wiclif was certainly a great patriot, and if we are going to judge him we should remember his most famous words "*All charity begins at home.*"

As we continue our journey we come to High Cross where the Fosse running from Exeter to Linocln crosses Watling Street. This is surely the cartographer's centre of England. From here we go on to Atherstone and if we go a little to the north we find Bosworth Field where the decisive battle of the War of the Roses was fought in 1485. Here "*On a bare Leicestershire upland, a few thousand men in close conflict foot to foot, while a few thousand more stood aside to watch the issue, sufficed to set upon the throne of England the greatest of all her royal lines*".

From here we turn back and go by country lanes to Meriden, which has been called the geographical, and is also the cyclist's centre of England, and then on to Kenilworth. Here John of Gaunt, that most unprincipled of politicians retired after he was thrown out of public office. In a rare interval when he was not concocting some plot for his own aggrandizement he travelled across the centre of our group to confess his sins to John Wiclif and to do penance at Lutterworth.

From Kenilworth we take the same road to Southam as Charles I took with his army on the way to Edgehill. Though Edgehill is outside our group it is always worth a visit. We can see the fields and hedges where Rupert of the Rhine made his impetuous charge, or if we belong to the non-combatant forces we can sit as Harvey sat reading a book to the Prince of Wales and Duke of York, and not liable as he was to have a bomb dropped which caused him "*To remove his station.*" On the Kenilworth-Southam road we shall see signposts to Leamington which we must avoid at the moment, although perhaps we shall get there later, as it is the geriatric gentlefolks' gravitational centre of England. From Southam we go to Prior's Marston and Prior's Hardwick, and if we ask the way to them in Southam we invariably get the answer, "Do you know the Welsh Road ?" Along this, the Welsh farmers drove their cattle and sheep eastward to avoid the more congested Watling street. Prior's Marston and Prior's Hardwick were Lordships in Domesday, and held by the Monks of Coventry. Prior's Hardwick was then called Herdewicke, which means 'Live herd', and Marston means 'Mere town' and the fish ponds are still preserved. When I go this rather long distance to do a domiciliary visit there, I feel it is not far compared with the journey made by those who had to bring the fish and meat from these outlying villages to the Priory at Coventry.

From here we swing round in a quarter circle crossing the infant Cherwell and so back to Watling street and to the Avon. We can trace the river up to its source near Naseby, and if we go a little further up the side of the watershed we see on the other side the field where the decisive battle of the Civil War was fought. The obelisk was put up:

"*As a useful reminder for Kings never to exceed the bounds of their just prerogative, And for subjects always to pay allegiance to their faithful monarch.*"

We, therefore, have a battle field just outside the three corners of our triangular group, Bosworth Field teaching us that if our cause is just, battles sometimes decide something; Edgehill teaching us that impetuous individualism is of little avail, and it taught Cromwell the truth of Hampdon's words: "You must get men of a spirit that is likely to go on as far as gentlemen will go on, or else I am sure you will be beaten still.", and at Naseby, never to exceed the bounds of our just prerogative.

But "*Man shall outlast his battles*" and so back to the peaceful towns, Coventry, Nuneaton and Rugby. At Rugby is the memorial to William Webb Ellis, "*Who with a fine disregard for the rules of football as played in his time took up the ball and ran, thus originating the distinctive feature of the Rugby Game, A.D.* 1823." Nuneaton produced George Eliot. "*The fame and authority enjoyed by George Eliot's novels were largely due to the fact that they were taken by many as 'restating the moral law and process of soul-making, in terms acceptable to the rationalist agnostic conscience'.*" She lived for many years with George Henry Lewes. He encouraged her to work and she encouraged him, largely to support his legal wife and his family. Her novels were best sellers, and he wrote the first textbook of physiology ever to be written in English and "The Physiology of Common Life" published in 1859 is an excellent review of knowledge at that time, based largely on the writings of German and French physiologists of whom Claude Bernard was then the most prominent. When he died she endowed the George Henry Lewis studentship, at Cambridge and I wonder if the holders of this, men like A. V. Hill, John Mellanby, Sir Henry Dale and our late president of the Royal College of Physicians in London, Sir John Rose Bradford realize the life their benefactress led, and whether that greatest of all Cambridge physiologists, Sir Charles Sherrington, who held the studentship for four years realized how well they had intergrated their hearts as well as their central nervous systems.

And so to Coventry where Godiva heads the famous feminine role of honour. Long before she made her famous ride female influence was already at work. Eleven thousand virgins from Cologne had visited it on a spiritual tour, and are supposed to have left their virtues there, and St. Osberg had founded the priory which was destroyed by Edric the Traitor in 1016 when he invaded Mercia. After Godiva women like Joan Ward who was burnt in "*The Little Park*" for heresy in 1510, and the Botoner sisters who built the Cathedral spire have maintained that tradition. If I may interpolate a clinical observation, it is that in the five years that I have worked in this city only on seven occasions have I heard people attribute their illness to the blitz, showing that the virtue of fortitude still persists. Godiva was a widow recently recovered from a illness which her physicians thought would be mortal when she married Leofric. She gave generously to the monastries and priories in her husband's earldom of Chester, but the priory of Coventry was her chief interest. When the Archbishop of Canterbury visited the chapel he said the walls were not wide enough to hold all the precious stones and metals with which she had endowed it, the chief of which was the arm of St. Augustin Hippo encased in gold.

It is quite obvious that her munificence must have strained Leofric's pocket, and it is easy to see how he accepted her rash suggestion. She rode astride a horse from the market place with a soldier on each side, and Peeping Tom does not come into the picture until five hundred years afterwards when the first record is found in the Council House of a request for a new coat of paint for his effigy. Sir William Reid Dick who executed the equestrian statue in the city centre has taken as much licence with his subject as Tennyson did in his poem. He has made her ride side-saddle, a form which was first introduced into England at the end of the fourteenth century by Anne of Bohemia who came to England as queen to Richard II. The sculptor has made her like a woman in her twenties when she was probably more than double that age, but despite all this we must agree with Tennyson that "*She built herself an everlasting name.*"

If, therefore, we are a little unconventional occasionally in this group please remember that at Rugby a memorial is put up to a boy because he had a fine disregard for the rules; at Nuneaton a hospital is named after a woman who lived in imaginary connubial bliss with another woman's husband, and at Coventry a statue is raised to a woman who if she committed the offence to-day could be charged as a rogue and vagabond, liable to a fine of £25 or six months imprisonment.

This is the age of the almighty atom, the antipathetic antibiotic and the audacious automobile which carries physicians at 100 miles an hour.

"*E'en so shall men turn back from violent hopes*
To Adam's cheer, and toil with spade again.
Ay, and his mother Nature, to whose lap
Like a repentent child at length he hies,
Not in the whirlwind or the thunder-clap
Proclaims her more tremendous mysteries:
But when in winter's grave, bereft of light,
With still, small voice divinelier whispering
—Lifting the green head of the aconite,
Feeding with sap of hope the hazel-shoot—
She feels God's finger active at the root
Turns in her sleep, and murmers of the Spring."

I quote these lines of Sir Arthur Quiller-Couch (whose father and grandfather received their medical education at Guy's) from his poem which starts :—

"*Oh pastoral heard of England* ! *like a psalm*
Of green days telling with a quiet beat—"

because he wrote them after he had traced the Avon from its source at Naseby through the middle of our group and beyond to where it goes under the bridge at Eckington and because they show that here in this group we have the means to prove Sir Francis Bacon's dictum in his Advancement of Learning, "*Only there is one thing still remaining which is of more consequence than all the rest*: *namely, a true and active Natural Philosophy for the Science of Medicine to be built upon.*"

FILM REVIEW

Man in the Living World (*Man and Health*). By R. C. MacKeith, D.M., F.R.C.P. Published by Common Ground (1951) Ltd.

This is a film strip which has the intention of showing how man deals with his environment (and how his environment quite often deals rather unkindly with him). In a set of thirty-two pictures a brief introduction to the world-wide problems of public health and some outline of the work of the World Health Organization are given. The pictures are all symbolical of something or other and, every now and then the symbolism becomes rather too abstract for the casual viewer. On the whole, this, like other film strips, will depend for its success upon the personality of the commentator, his knowledge of the sequence of the strips and his ability to produce concrete imagery from these rather abstract topics. Exactly who will benefit most from this strip is a problem. It seems to be aimed at an intellectual level poised precariously between the university student and the secondary school fourth form. The enjoyment and instruction value will, for each, be dependent upon the teacher. The presentation and answering of questions will be greatly aided by the extensive and interesting notes provided with the film,

A PSYCHIATRIC VISIT TO AMERICA

By MOYA WOODSIDE

Research Psychiatric Social Worker

WE left York Clinic, my patient and I, at tea-time on Friday, December 4th, and took off from London Airport two hours later on a Pan-American "Strato-clipper" for New York. Cocktails, a five-course dinner, and the efficient ministrations of the air hostesses helped to allay Mrs. A's apprehension (she had never flown before) ; and on arrival at Idlewild Airport next morning, where wheel-chair and specially-detailed air hostess awaited, we were speeded through immigration formalities in front of envious queues. After a twenty-four hour-stay in New York, we set off again on Sunday morning for the long flight to San Francisco, arriving there, much delayed, at 2 a.m. in a gale and torrents of rain. This part of my mission accomplished, and my patient safely delivered to the arms of her daughter and son-in-law, I could relax, go to bed, and begin the process of adjusting to altered times of day (disturbance of sleep rhythm is the inescapable "hangover" of long-distance air travel).

The second and complementary purpose of my trip was to visit three psychiatric clinics whose work, set-up, and relationship with a general teaching hospital were broadly similar to the York Clinic at Guy's. These were the Langley Porter Clinic in San Francisco, Director-Professor Karl M. Bowman ; the Payne Whitney Clinic in New York, Director-Professor Oskar Diethelm ; and the Phipps Clinic in Baltimore, Director-Professor John C. Whitehorn. The Langley Porter Clinic, attached to the University of California Medical Centre, was opened in 1943 and has 97 beds, 12 of them for children. Payne Whitney, attached to the New York Hospital and Cornell University Medical School (1,400 beds), opened in 1932 and has 108 adult beds. Phipps Clinic, the oldest, and best known to Guy's, opened in 1913 with Adolf Meyer as its first director and Dr. (now Professor) D. K. Henderson as its first resident. It is attached to Johns Hopkins Hospital and Medical School (1,000 beds) and has at present 84 adult beds. (York Clinic, opened in 1943, has 43 beds, in relation to Guy's total of 750.)

All three clinics accept psychiatric patients on a voluntary, i.e., non-certified, basis. They treat neurosis, psychosis, and the other psychopathologies ; participate in the training of medical students and nurses, and provide post-graduate education in psychiatry. They also conduct large out-patient departments, and undertake research.

Admissions : Policy and Procedure

Each clinic attempts to provide a wide range of psychiatric disorder, for teaching purposes, and to select cases likely to respond to treatment. Certain types of chronic patient, or patients with poor prognosis, may be admitted for a particular study. There are the usual limitations, due to shortage of nursing staff, on the admission of severely disturbed patients. As at York Clinic, the proportion of female to male in-patients is about three to two. In addition to the usual referrals from doctors, mental hygiene clinics and social agencies, a surprisingly large number of applications comes from would-be patients themselves.

It is quite common in the U.S., I discovered, for people to turn up at clinics without any letter from a doctor. Furthermore, instead of being asked to return later on when they had provided themselves with that—in British practice—indispensable introduction, they are welcomed and seen as soon as possible. "We love patients without doctors' letters," said the senior psychiatric social worker at Payne Whitney of these "self-referrals." It is felt that people who seek psychiatric treatment of their own accord make the best patients.* I asked Professor Whitehorn why this situation arose. "Most people in the States *have* no family doctor," he explained. "Better-off people make their own diagnoses and 'shop around,' trying one specialist after another." Among the lower-income groups who attend out-patient departments, especially the "poor whites" and Negroes, "they wouldn't know what you meant if you asked who their doctor was." There is of course no system of being on a doctor's list or panel, as in this country.

The actual procedure of selection from applications for admission was handled somewhat differently at each Clinic. At Payne Whitney and Phipps, entire responsibility was delegated to the chief resident (i.e., senior registrar), Dr. Greaves and Dr. Mann respectively. Dr. Greaves told me he saw each patient and relative himself, in an interview lasting approximately an hour. During that time, he took a psychiatric history, a brief social history, completed a questionnaire on income, assets, number of dependents, etc.; then made his decision. He considered that an important part of his work was arranging for patients who could not be accepted at Payne Whitney to be referred elsewhere. At Phipps, likewise, Dr. Mann decides on all admissions, bearing in mind the hospital's teaching needs, and the necessity of balancing its finances (on which, more later).

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*Following a popular magazine article, with pictures, on the work of Payne Whitney Clinic, the out-patient department was 'swamped' for weeks.

At Langley Porter Clinic, in-patients are selected not by a single doctor but by a joint staff committee. I attended one of the weekly Admission Conferences, comprising five doctors, two psychologists, two senior and several junior psychiatric social workers, and the sister in charge of the out-patient clinic. Typed lists of applications to be considered were handed round, and a long discussion on each case ensued, led mainly by the psychologists and psychiatric social workers. It was interesting to note how much emphasis was placed on social factors and on the attitude of patients and relatives towards accepting treatment, while clinical considerations were relegated to the background. When I later expressed my surprise to Professor Bowman about the prominent part taken by the social workers in these admission conferences, and the respect with which the doctors listened to their contributions, he looked at me quizzically and said, with a twinkle in his eye: "Didn't you realise this was a petticoat-dominated culture ?" Langley Porter Clinic, in conjunction with the University of California is also a training school for psychiatric social workers ; and it was explained that these Conferences are considered part of the educational procedure.

Treatment and Orientation

All three clinics have very large medical staffs, both consultant and resident. Payne Whitney, for instance, lists 12 senior and 10 assistant attending (i.e., consultant) psychiatrists ; 36 additional assistant psychiatrists to the out-patient department ; and 15 full-time residents, i.e., senior and junior registrars. Phipps Clinic, 84 beds, has 14 to 18 residents. It is therefore possible to carry out intensive psychotherapy for the maximum number of patients. The full range of physical treatments is available ; but the main emphasis is on psychotherapy, with physical methods used sparingly or as last resort.

At both Phipps and Payne Whitney it is the practice not to start E.C.T. with depressed patients for 4 to 6 weeks ; and if possible, dispense with it altogether. It is thought more important for the patient to establish a good relationship with the psychiatrist and make some attempt at facing his or her basic problems, before being relieved of symptoms. If this stage is neglected, Dr. Greaves (Payne Whitney) said, " then as soon as they feel better they want to leave. Their problems are unsolved ; and the tendency to relapse is high." Dr. Mann (Phipps) concurred, adding that the residents needed the experience of working with severely depressed patients in all phases of illness and recovery. Lobotomy (leucotomy) is rarely undertaken in any of these clinics. Dr. Greaves thought they might have done about 12 at Payne Whitney, over the past 3 years.

It was difficult to ascertain the exact psychotherapeutic orientation of each clinic. " Eclectic " was the answer most generally given. Phipps, I learnt, is " eclectic, but permeated with Meyerian ideas." Langley Porter and Payne Whitney believed that the " liberal approach " was the only one consistent with the function of a teaching clinic. There is a number of analysts on Payne Whitney staff ; but young psychiatrists in training are not encouraged to embark on intensive analytic treatment of patients. There is no group therapy at this clinic : Phipps undertakes a good deal, with out-patients, under the direction of Dr. Jerome Frank.

Policy on re-admissions varies. At Phipps, former patients are given priority, the main diagnostic group (as at York Clinic) being relapsing depressions. At Payne Whitney, however, they take a sterner view and patients are " very rarely " re-admitted. Dr. Greaves said that re-admissions were not good for the training programme : residents and student nurses learnt more from working with new patients.

The average length of stay of patients at all three clinics is much longer than at York Clinic. Payne Whitney quoted " three to six months," Phipps three months, Langley Porter " probably more than three months." These figures compare better with the Bethlem-Maudsley average of 3.3 months (1950) than with York Clinic's 7 weeks. Rehabilitation appears to be carried out very extensively, and a graduated return to social life is arranged before discharge. At Payne Whitney, all male patients start back to work or study while still in the Clinic : convalescence at home or away does not intervene.

Relationship with the General Hospital

This is invariably close. Each Clinic is a recognised part of the main hospital, standing in the same grounds and has a constant interchange of students, doctors, nurses, in course of their psychiatric education. Psychiatric consultations are frequently requested by other departments : these, at Phipps, are all undertaken by their chief resident (Dr. Mann). At Payne Whitney, a clinic psychiatrist is attached to each service in the main hospital (surgery, medicine, obstetrics, etc.). He may attend ward rounds, see patients, or initiate psychiatric treatment. At Langley Porter, similar developments are in the air ; and recently a psychiatrist was appointed part-time to the obstetric and gynaecological service of the associated Medical Centre. " How do the surgeons and physicians feel about this?" I asked Dr. Rennie, Professor of Psychiatry at Cornell Medical School. "Don't they object" ? He smiled. " *That* battle is behind us here. A few older men may be critical, but our younger doctors all take psychiatric co-operation for granted." This arose, he thought, from the greater " awareness " of psychiatry in the U.S., and the amount of time devoted to it in the curriculum.

Each clinic felt they had an obligation to take all psychiatric emergencies from the main hospital ; or if this were not possible, to arrange for admission elsewhere. Dr. Greaves (Payne Whitney) told me of an arrangement at the New York Hospital where two one-bedded " security rooms " are provided. These are used for patients with a brief psychotic episode, e.g., toxic delirium, temporary suicidal risk, and are staffed by a nurse who is specially but not psychiatrically trained. A few days' care in this way often obviates transfer to the Clinic or to an Observation ward.

Each main hospital has what is known as a " Steering Clinic " where patients who come without doctors' letters are briefly examined and directed to the appropriate service (or what is *hoped* is the appropriate service !). These Steering Clinics are another link between the main hospital and the psychiatric unit : at Phipps, in 1952, 20 per cent. of all out-patients had been referred from Johns Hopkins Steering Clinic (and 18 per cent. from other Johns Hopkins services, making 38 per cent. in all).

There is no doubt, judging from the experience of these visits, that psychiatry has a much stronger foothold within the general teaching hospital in U.S. than in this country ; and that there is a greater appreciation of psychological factors in disease.

Psychiatry in the Medical Curriculum

The amount of psychiatry the student receives during training varies with the Medical School he attends. My information relates to the Schools I visited ; and these, I was told, are " advanced " in this respect, not typical of the U.S. as a whole. At Cornell, Dr. Rennie said, the students have as many teaching hours in psychiatry as in medicine or surgery. At Johns Hopkins, there is a four-year course in psychiatry, arranged as follows :

1. *First-year Course in Medical Psychology* (3rd quarter, 2 hours weekly). Human nature in relation to medical problems : personality growth and expression in relation to common emotional experiences of life ; maturity and adaptibility of attitudes ; basic psychological concepts and scientific methods of studying adaptive behaviour ; personal relationships between physician and patient.
2. *Second-year Course in Introductory Psychiatry* (3rd quarter, 2 hours weekly). Methods of psychiatric examination and biography, primarily aimed at the clinical problems of evaluating patients' attitudes and personality trends. Classroom lectures and case reports, group demonstrations and student reports.
3. *Third-year Course in Psychiatry*. Out-patient clinic work, one morning per week for 2 quarters. *Special activities* : lectures, demonstrations, field trips, 2 hours weekly for 2 quarters. Also a course on Social, Environmental and Personal Factors in Illness.
4. *Fourth-year Course in Psychiatry*. (a) Patients on the wards of Phipps Clinic assigned to students, (b) Clinical presentations and discussions, (c) psychiatric

aspects of medical care. Plus (in this year) 7 elective courses in various related fields.

All clinics appeared to hold a great number of teaching conferences of one kind and another, based on case presentation and discussion. At Langley Porter, for example, I attended a full-dress child psychiatry conference which took place in a large lecture room with about 100 people present—doctors, nurses, social workers, occupational therapists, students of various kinds in training. Unfortunately, I did not have the opportunity to sit in on similar conferences at Payne Whitney or Phipps, as they had been cancelled during the Christmas period.

At all clinics, the senior psychiatric social worker assisted in the teaching of medical students, either by way of case discussion, formal lecture, or informal guidance.

Costs and Charges

Each of these clinics has a high reputation, and sets a very high standard of care and accommodation. They cater largely for private patients from the upper-income groups who can pay full fees, though a proportion of patients may be admitted at reduced rates to less expensive ward beds, or occasionally free. At Phipps Clinic, the charge for a private bed varies from $206 to $227 per week. This includes all treatment. The private patient rate at Langley Porter is $126 per week, with treatments extra. Payne Whitney rates are from $150 to $280 per week, inclusive of psychotherapy from the resident staff, but not including other treatments.[1]

Figures such as these sound astronomical to British ears ; yet, I was told, they barely cover the actual running cost to the hospital. At Payne Whitney this averages $240 per patient per week ; and on the disturbed floor, where more nurses are required, it works out at $266. At Phipps, the actual weekly cost is about $140. All clinics are therefore faced with the problem of keeping up the number of private patients ; and balancing against this, with subsidy from Endowment Funds, the number they can afford to admit at less than cost. (In Payne Whitney, which is well endowed, this may be as much as 40 to 50 per cent of all patients.)

Admission policies are thus inevitably influenced by non-clinical considerations. " We *try* to regard Phipps as a teaching clinic," said Professor Whitehorn ruefully, discussing this point. But the rising costs of medical care, together with reduced income from endowments, had put the hospital in such a " parlous financial state " that preference must be given to patients who can pay.

The predicament is general, but affects psychiatric hospitals and clinics more acutely since almost all the voluntary health insurance plans in U.S. discriminate against psychiatric illness. It was shown in a recent study (Bennett et al.)[2] that only 10 per cent. of Blue Cross and 4 per cent. of Blue Shield plans provided the same benefit for psychiatric as for other medical disorders. The rest restricted benefit ; half excluded psychiatric illness altogether. This means that a patient whose diagnosis is primarily psychiatric, and who is admitted to a psychiatric clinic, is ineligible for any kind of insurance which will cover or help with his bills.[3] Doctors try when they can to find some ancillary *physical* condition which might qualify the patient for benefit, but the majority have to meet the costs as best they may. " Few people can pay for hospitalization out of their current earnings," Dr. Greaves (Payne Whitney) told me. It usually calls for capital expenditure, or sale of assets. He showed me the Financial Statement (a sort of upper-class " means test ") which he filled for Payne Whitney patients, requiring particulars of life insurance, savings accounts, real estate, even make and year of car.

The business of fee-setting, for patients who cannot pay full rates, appears to the visitor from Britain a complicated and time-consuming procedure. At Langley Porter it is undertaken by the psychiatric social workers in accordance with a set scale, after (to quote from the Annual Report) " evaluating with the patient and his family their actual resources and expenses, and their rational and irrational attitudes toward appropriate payment for treatment." At Phipps, the fees in the out-patient department are set by clerical (non-medical) registrars. Such sources as the Community Chest, the Public Welfare Department, or private Funds, are approached for help with payments. When all else fails, and/or a family's resources are exhausted—

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[1] The present charge for a private bed at York Clinic is 17 to 20 guineas a week, exclusive of treatment.

[2] Bennett, Hargrove, and Engle : Am. J. Psych. 108, 5, Nov. ; 1951.

[3] The State Mental Hospitals of course are public and free.

" there are always the State Hospitals " (i.e., the public mental hospitals). But people try to avoid the stigma of commitment as long as they can.

Follow-up and Research

None of the clinics has a regular follow-up system such as that at York Clinic or the Bethlem-Maudsley Professorial Unit. From time to time special follow-ups of a particular group of patients may be undertaken—for example, Dr. Rennie's 20 year study of 240 psychoneurotics from Phipps Clinic material. An extensive follow-up of all schizophrenic patients from Payne Whitney is planned (schizophrenics comprise approximately 50 per cent. of their admissions). At the same Clinic, a team of workers in social psychiatry under the direction of Dr. Rennie is carrying out a two to three-year community mental health survey in the Yorkville area surrounding the hospital. At Phipps, Dr. Jerome Frank, director of the out-patient department, is conducting a study of the effectiveness of different kinds of psychotherapy (group, individual, supportive) in relation to type of personality. It is planned to arrange a detailed follow-up assessment, after 6 months of treatment, for 50 patients who have been randomly assigned to one or other method. The Langley Porter Clinic, in co-operation with the State of California Department of Mental Hygiene, has been engaged since 1950 on a long-term Sexual Deviation Research (sex crime, homosexuality, psychophysiological studies of offenders, etc.) Many other studies are in progress at each clinic : I mention here only those in which I was particularly interested.

General Comment

It is my impression that the general level of " psychiatric awareness " is much higher in U.S. than in Britain (at least where the cities I visited are concerned). Propaganda for psychiatry, and its popularization by films, press and radio, has brought psychiatric and psychoanalytic terminology into the everyday conversation of the man (*and* woman !) in the street, and has given them some inkling of the concepts involved. For good or ill, it has also fostered an optimistic belief that psychoanalysis is the sovereign remedy for maladjustment and unhappiness.

The extent to which psychiatry and its allied professions are supported can be judged from some statistics relating to New York, obtained in the course of the Payne Whitney community mental health survey. In Manhattan alone there are 831 psychiatrists and psychoanalysts ; 425 clinical psychologists (many of whom undertake psychotherapy ;* and a large group of psychiatric social workers in private practice who do treatment. These particular social workers are all analysed ; and supervised by an analytically-trained supervisor. Indeed, psychoanalytic thinking has so permeated the social work field in America that a personal analysis has become almost routine prerequisite for the serious pursuit of a career. The total "climate " is somewhat overwhelming, and I recalled Professor Whitehorn's comment, made in another context : " Psychiatry has been ' oversold ' in this country."

But what strikes the British visitor most forcibly is the problem, in U.S., of paying for medical care. In the entrance hall of the New York Hospital there is a prominently-displayed notice which reads : " More than 85.4 per cent. of patients do not pay the full cost of their care " and goes on to appeal for contributions, urgently needed, to the Hospital's Endowment Fund. As things are at present, only the very wealthy and the very poor (plus that sub-group adjudged " medically indigent ") suffer no economic stress by a hospital stay. For the great mass of middle-class Americans, any prolonged or serious illness, a psychiatric illness, or an illness calling for large amounts of expensive drugs, can mean financial catastrophe.

In his recent policy message to Congress, President Eisenhower said : " We are flatly opposed to any form of socialized medicine." How then, with ever-mounting costs, is medical care to be financed, when both State aid to hospitals and government sponsored comprehensive health insurance schemes are held in such disfavour ? The A.M.A. have yet to propound the answer.

Tail Piece

(1) The new commendatory adjective in psychiatric circles : " relaxed." " You'll enjoy Miss So and So : she's such a nice relaxed person."

(2) The extent of misconception, not to say deliberate misrepresentation, about the British National Health Service. But that is a story in itself.

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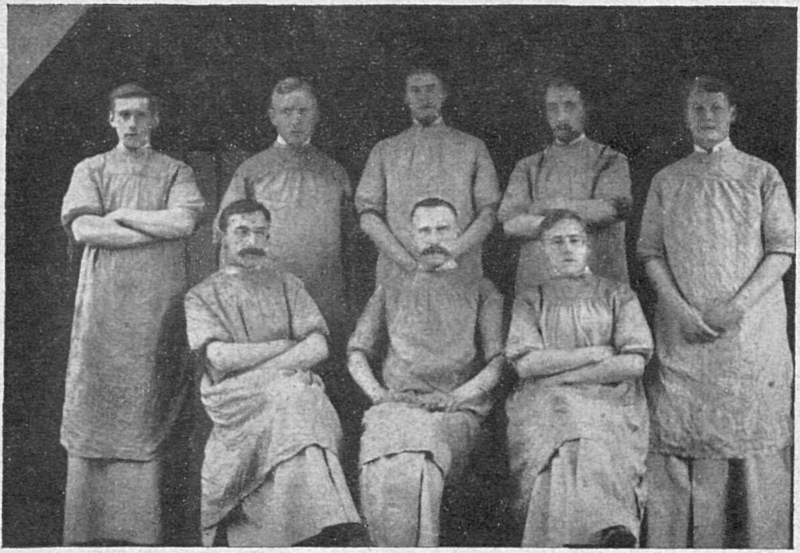
*Between 1940 and 1950, psychologists in the U.S. increased by 166%. (Brookings Institution report).

CORRESPONDENCE

Letters to the Editor of the Gazette

Surgery of Two Centuries



Mr. (later Sir) Arbuthnot Lane's firm, January—March, 1896, *dressed in mackintoshes and overalls soaked in lysol (left wet).*

Back Row: ? ? E. W. S. Rowlands ? ?

Front Row: G. E. Richmond Arbuthnot Lane A. H. B. Kirkman

(*Perhaps some of our senior readers can identify the "unknown" members of this group ?*—Editor.)

SIR,—As Assistant Surgeon's Dresser and A.H.S. to Mr. Lane, and first official radiographer, with Mr. E. W. S. Shenton, to Guy's, and for sixty years a regular reader of *The Gazette*, I suggest that reproduction of the accompanying photograph and skiagram* may be of interest to readers. The former was taken by a professional photographer and shows the gown and overall adopted for theatre use for a short period in 1896, a combination of heavy mackintosh and overall, wrung out in weak lysol, as I think (or 1-20 carbolic) and worn wet ; a clumsy and uncomfortable toilet (I know from experience) which was soon discarded by Lane.

The skiagram was taken by Kirkman and Shenton. Shenton was a most enthusiastic and resourceful photographer and was frequently consulted by Lane on fractures and other bone conditions. About the wearing of rubber gloves, memory says they were not in use at Guy's when I left for the South African war in early 1900, but I distinctly recall seeing Lane and his H.S. wearing them when I returned towards the end of 1901.

Yours, etc.

A. H. B. KIRKMAN.

**The skiagram to which Mr. Kirkman refers is unfortunately unsuitable for reproduction as a half-tone block. It shows the tibia of a girl aged nine, from which a large portion was removed in treating osteo-myelitis, before and after the insertion of a rabbit's femur in the defect. This operation was performed by Mr. (later Sir) Arbuthnot Lane in* 1899. *The original pictures may be inspected in the Department of Surgery. Our readers will scarcely need to be reminded that Mr. E. W. S. Shenton is the originator of " Shenton's Line."*—Editor.

The Newly Qualified Practitioner.

SIR,—The problems and anxieties facing the newly qualified—the "new boys and new girls" referred to in your editorial of 1st May—are very real. As the convener of the meeting held recently at Winchester, I should like to emphasize that we in the B.M.A. are very well aware of them and are anxious to do everything we can to help. Apart from the opportunities afforded by his Division of meeting and working in harmony with his local colleagues, a member is welcome to seek personal advice on professional problems from the staff at Tavistock House at any time. The library and other facilities of the Association are always at his service. I might add that generous reductions in the annual subscription are offered to the newly qualified.

Yours etc.,
RONALD G. GIBSON.

Northleigh,
King's Worthy,
Winchester.

The Eyesight

SIR,—After many years in Dental Practice, I am now realizing that I, and probably there are many more like me, have not taken all the care possible to preserve, what is most essential to my livelihood, the eyesight.

I received sound advice, when I found it most necessary to have my eyes tested some years ago. This was to distance focus my eyes between patients, by gazing out of the window at the sky, and I have religiously carried out this suggestion. Recently, however, I have become aware that I have been deluding myself, since my surgery windows, like so many, are divided up into smaller panes and the cross frames intrude themselves on the vision preventing complete distant focus being obtained.

I believe that all surgery windows should consist of one large pane of glass only. In the case of sash windows, the horizontal junction would be the only obstruction. The feeling of relief which is evident when this is so, is incredible.

The position of the desk also is another factor which should be taken seriously. This should face into the room, and when possible permit vision through the window.

I feel that these points are worthy of consideration by those who are about to design a new surgery, they are simple to put into practice, and may lead to lasting benefit.

Yours etc.,
Wm. O. COOKSEY.

Kingsbridge,
Liverpool Terrace,
Worthing.

The "Nineties" Club.

SIR,—Will you of your courtesy allow me to inform your senior readers that the Guy's "Nineties" Club will hold its Annual Dinner on Wednesday, 16th June, at the Trocadero Restaurant.

The Club is very old. Its origin was in the "Contemporaries" which was formed in 1897, and in 1912 joined the "Goblins," the union being named the "Nineties" and has so continued ever since, the sequence of its meetings being broken only by war.

But, inevitably, time has thinned its ranks, and membership has now been extended to all who entered the Hospital before 1st January, 1900, or, in the case of University students, before 1st January, 1902, and if any so qualified will join us on 16th June, and will kindly notify me, they will not only be warmly welcomed but will almost certainly experience some exhilarating reunions after many years.

Yours etc.,
H. W. BRUCE, *Hon. Sec.*
(Guy's 1892–1902).

West Kent Hotel,
Bickley, Kent.

The Chess Club

SIR,—I read with much pleasure in your recent issue, the excellent record of the Chess Club. I was particularly gratified, as about 60 years ago I started the Club. In the early days the membership was very small—about 8 or 10 in number. I have had many and varied chess experiences. As a very small boy—and much to my dislike, I had often to play with my father. Thus early in life I learned what it means to be constantly defeated. I think my most interesting experience was when I was a boy at school, there was what was called a Monster Meeting—North v. South—100 boards a side. I played for the south. I believe in some schools the teaching of chess is now compulsory, this is excellent, as the game tends to develop helpful and useful qualities, in some respects chess is worthy of being called a science rather than a game.

Blindfold chess is not as difficult as it appears. An experienced player can see a mental picture of the board almost as clearly as if he is looking at it. I could play one game reasonably well, and once at Guy's I attempted to play two games simultaneously, and having lost them both, it is a feat I have never again tried. If your club has not already done this, may I suggest it gives this a trial ? It will provide much pleasure and amusement. I do not recall that any mention of the club was made in the *Gazette*.

Yours etc.,
B. H. STEWART.

Fairlight,
Totteridge, N.20.

REVIEWS

Methods of Examination in Ear, Nose and Throat. By W. G. Scott-Brown, C.V.O., M.D., B.Ch., F.R.C.S. 1953. Butterworth & Co., Ltd. *Price* 18*s.* 6*d.*

Out of his long experience, Mr. Scott-Brown has produced a practical description of the techniques employed in the examination of the ear, nose and throat. As is to be expected the one hundred pages contain very many of those shrewd tips which make all the difference between success and failure on these occasions : like " Smiling often relaxes the soft palate " in the section on post-nasal examination. The book concludes with chapters on testing the hearing and the examination of the function of the vestibular apparatus.

The preface seems to indicate that this book is intended not only for the general practitioner, to whom much of it may very well be entirely unfamiliar, but also for the post-graduate student about to present himself " for the qualifying or higher examinations of the speciality." It must be a matter of doubt how much either group will extract from these pages. Difficult as it often is to obtain an adequate view of these parts, the true test lies in the interpretation of what is seen. This cannot be learned from books, but only from the patients, under the direction in the first place of experienced and painstaking teachers. If the practitioner, whatever his standing, has not learned the method of making the examination from them, he is not likely to comprehend what he sees even when he has learned how to see it from Mr. Scott-Brown's book,

L.F.W.S.

Aids to the diagnosis and treatment of Diseases of Children. By F. M. B. Allen, M.D., F.R.C.P., and O. D. Fisher, M.D., M.R.C.P., D.C.H. 9th Edition. 1953. Baillière Tindall and Cox. *Price* 8*s.* 6*d.*

This new edition of a well established member of the "Aids " series should prove very popular among students and even general practitioners. It gives a bird's eye view of paediatrics, dealing with the common diseases of children and their treatment and also with some of the more important rarities such as the muscular dystrophies and congenital heart disease.

The Appendix on diets is helpful and gives, among others, diabetic diets, diets for use in Cœliac disease and even the "Hammersmith Cocktail". Another appendix contains some useful tables. Perhaps in the next edition, the currently used names for the carpal bones might be substituted for terms in the old terminology which still lurk around.

Indications for the use of Chemotherapeutic agents and the Antibiotics are given in Appendix III, while Appendix IV has a set of prescriptions for infants and children which should prove very helpful to the newer G.P.

This book has no pictures and almost ignores the social and psychological aspects of childhood. However, it has the overwhelming merits of cheapness, accuracy, conciseness and of being thoroughly up to date. It should provide a useful guide to new reading from larger text books and is itself ideal for revision and easy reference.

P.S.B.

SPORT

GOLF CLUB

Guy's, playing their first club match of the season, were narrowly defeated by Bush Hill Park Golf Club, at Bush Hill Park, on Sunday, 25th April, 1954.

Results

FOURSOMES

Result	Guy's	B.H.P.G.C.	*Result*
1 2up.	D. Holmes (Capt.) Dr. C. Lee	D. Gibbs J. Longbotham	0
1 2/1	N. Gracey M. Whillis	F. W. Hopkins (Capt.) A. E. Forrow	0
½	J. Irwin J. Riley	B. Sleath A. W. Wrigglesworth	½

Total : Guy's 2½, B.H.P.G.C. ½.

SINGLES

	Guy's	B.H.P.G.C.	
½	D. Holmes	F. W. Hopkins	½
0	N. Gracey	J. Longbotham 3/2	1
½	D. Croll	D. Gibbs	½
0	Dr. C. Lee	E. Collett	1
0	J. Outred	A. E. Forrow 2/1	1
1	J. Irwin	B. Sleath	0
0	M. Whillis	A. L. Shellard	1
½	J. Riley	A. W. Wrigglesworth	½

Total : Guy's 2½ ; B.H.P.G.C. 5½.

Result : Guy's Lost 5–6.

HOSPITAL INFORMATION

GUY'S HOSPITAL AND MEDICAL SCHOOL

Applications are invited for the following appointments to the Junior Staff for the session, 1954–55 :—

Medical Registrars	*4
Surgical Registrars	†4
Obstetric Registrars	*2
Genito-Urinary Registrar	1
Orthopædic Registrars	*2
Chief Assistant to Department of Anæsthetics	1
Anæsthetic Registrar (W/T)	1
Anæsthetic Registrar (P/T)	1
Chief Assistant to Neurological Department	1
Neurological Registrar	1
Registrars to Department of Psychological Medicine (W/T)	*3
Registrars to Department of Psychological Medicine (P/T)	2
Registrar to B.M.R. and Endocrine Department (P/T)	1
Radiotherapy Registrar	1
Registrar to Ear, Nose and Throat Department	1
Registrars to Department of Diagnostic Radiology	*2
Registrars to Department of Physical Medicine	*2
Thoracic Surgical Registrar (to start 1/6/54)	1
Dermatological Registrar (W/T)	1
Dermatological Registrar (P/T	1
Pædiatric Registrar	1
Ophthalmological Registrars (P/T	4
Junior Medical Registrars	3
Registrar to Evelina Hospital	1
Chief Assistant to Department of Clinical Pathology	*1
Registrars to Department of Clinical Pathology (one with duties at the Evelina Hospital to start 1/6/54)	4
Pharmacology Department—Junior Lecturer	1
Anatomy Department—Junior Lecturers (W/T)	4
Anatomy Department—Junior Lecturer (P/T)	1
Physiology Department—Junior Lecturers (P/T)	2
Morbid Anatomy and Histology Department Junior Lecturers	2
Morbid Anatomy and Histology Department —Junior Lecturer and Gull Student	1
Bacteriology Department—Junior Lecturers	2
Chemical Pathology Department—Junior Lecturer	1
Chemical Pathology Department—Anderson Demonstrator in Clinical Chemistry	1
Assistant to the Director of the Department of Medicine	1
Junior Assistant to the Director of the Department of Surgery	1
Assistant to the Director of the Department of Obstetrics (P/T)	1
Assistant to the Director of the Student Health Service (P/T)	1

*One of these posts will be under the exchange scheme for Senior Registrars, with duties at Guy's for the session 1954–55. (See below.)

†Two of these posts will be under the exchange scheme for Senior Registrars, with duties at Guy's for the session 1954–55. (See below.)

EXCHANGE SCHEME

Applications are invited for the following vacancies for Senior Registrars. The holders of these appointments will be expected to spend a minimum of one, and not more than two, years in a Regional Hospital as indicated on an exchange basis during a four years tenure of the post. The appointments will be subject to annual review.

Senior Registrar in General Medicine—Guy's and Bromley and Farnborough Group. (1st and 2nd years Guy's, 3rd year Region, 4th year Guy's).

Senior Registrar in General Surgery—Guy's and South East Kent Group (duties at Folkestone, Dover and other Hospitals in the Group). (1st and 2nd years Guy's, 3rd year Region, 4th year Guy's).

Senior Registrar in General Surgery—Guy's and Bermondsey and Southwark Group. (1st year Guy's, 2nd and 3rd years Region, 4th year Guy's.)

Senior Registrar in Diagnostic Radiology—Guy's and Bromley and Farnborough Group. (1st year Guy's, 2nd and 3rd year Region, 4th year Guy's.)

Senior Registrar in Pathology—Guy's and Lewisham Group. (1st year Guy's, 2nd and 3rd years Region, 4th year Guy's.)

Senior Registrar in Physical Medicine—Guy's and Bromley and Farnborough Group. (1st year Guy's, 2nd and 3rd years Region, 4th year Guy's.)

Senior Registrar in Psychological Medicine—Guy's and Bexley Group. (1st year Guy's, 2nd and 3rd year Region, 4th year Guy's.)

Senior Registrar in Orthopædic Surgery—Guy's and Medway and Gravesend Group. (1st year Guy's, 2nd and 3rd years Region, 4th year Guy's.)

Senior Registrar in Obstetrics and Gynæcology—Bromley and Farnborough Group. (1st year Guy's, 2nd and 3rd years Region, 4th year Guy's.)

Forms of application are obtainable from the Superintendent's Office, and the Medical School Office, and should be lodged in one of these Offices not later than **24th May, 1954.**

All Appointments to start on 1st October, 1954.

GUY'S HOSPITAL DENTAL DEPARTMENT

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October, 1954 :—

Department of Conservative Dental Surgery.
Part-time Registrars to attend on 6, 3 or 2 sessions per week.
Clinical Dental Surgery.
Part-time Registrar to attend on 2 sessions per week.
Assistant to the Visiting Dental Surgeons.
Part-time Registrar to attend on 6 sessions per week.
Department of Dental Prosthetics.
Part-time Registrars to attend on 6, 3 or 2 sessions per week.
Department of Preventive Dentistry.
Part-time Registrars to attend on 6 or 3 sessions per week.
Casualty Department.
Part-time Registrars to attend on 6 or 5 sessions per week.
Extractions and Minor Oral Surgery.
Part-time Registrar to attend on 6 sessions per week.
Dental Department for Children.
Part-time Registrar to attend on 3 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. *Forms of application are obtainable from the* Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later **than Saturday, 22nd May, 1954.**

APPOINTMENT VACANT

Applications are invited for a post of Research Fellow for work in connection with clinical trials of certain drugs. The appointment, which is suitable for a person who has held a Registrar post and who wishes to spend a period doing investigative work, will be for a period of one year in the first instance. The salary will be up to £1,000 per annum, depending on the experience of the person appointed. Applications, with the names of three referees, should be sent to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1., not later than **22nd May, 1954.**

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 *line* 2*s.* 6*d.* 3 *lines* 6*s. Box Numbers* 6*d. extra.*

Ordinary rates :
1 *line* 6*s.,* 4 *lines* 20*s. Box Numbers* 9*d. extra*

TYPEWRITING, First class service by qualified typist at economical rates. Theses, manuscripts, testimonials, etc.—Box No. 33.

Wanted

CAR. Late pre-war, 8–10 h.p. Good condition. Not Ford. Box No. 49.

GOLF CLUBS. Matched set wanted. Box No. 45.

WILKS & BETTANY. History of Guy's (2 copies). Box 47, *Gazette* Office, Goy's Hospital, London, S.E.1.

For Sale

ALMOST NEW consulting room couch, adjustable head, brown pegamoid. Chromium Sterilizer 12 ins. × 5 ins. (220–240 volts. A.C.). Tel. : Malden 7646.

FRENCH 8 day Carriage Clock, leather case. £8 10*s*. Box No. 48.

APPOINTMENT

J. T. Irving, M.A., Ph. D., M.D., appointed Director of the Dental Research Unit and Professor of Experimental Odontology at the University of the Witwatersrand.

NURSING STAFF APPOINTMENTS

Left : Sister B. Lister from *Astley Cooper* to *take up appointment as Sister at the* King Edward VII Hospital, Windsor.

Sister J. Thomas from P.T.S. to *Astley Cooper.*
Sister T. Dartnall appointed to *Miriam and John* from *Ruth.*
Sister Warne appointed Night Sister *Caleb Diplock.*
Staff Nurse Bailey appointed Sister P.T.S.
Staff Nurse Summer appointed Sister, Grove Park.

CHANGES OF ADDRESS

Kevin Anderson, M.D., Chennell's Brook, North Heath Lane, Horsham, Sussex. (Tel. : Horsham 179).

Anthony Batty Shaw, D.M., Highlands Lodge, Bickley, Kent. (Tel. : Imperial 2070).

Professor J. T. Irving, Dental Research Unit, Oral and Dental Hospital, Milner Park, Johannesburg, S. Africa. (Tel. : 44–9151).

H. F. Lunn, F.R.C.S., Friren Cottage, Doctors Commons Road, Berkhamsted, Herts. (Tel. : Berkhamsted 749).

A. E. Sawday, F.R.C.S., D.O.M.S., Starboard Light, Tankerton, Kent.

BIRTHS

BERESFORD.—On 1st May, 1954, at Queen Charlotte's Hospital to Gillian (née Mann), wife of George P. Beresford, a daughter (Jacqueline Shole).

CARTON-KELLY.—On 24th April, 1954, at the County Hospital, Hereford, to Stella (née Rash), wife of Peter Carton-Kelly, M.R.C.S., L.R.C.P., a daughter (Philippa Mary).

GRUMMITT.—On 3rd April, 1954, at Guy's Hospital, to Dorothy (née Howe), wife of M. W. J. Grummitt, M.B., B.S., F.F.A.R.C.S., a son.

LANE ROBERTS.—On 6th May, 1954, at Putney, to Irina (née Ford), wife of P. A. Lane Roberts, M.Ch., F.R.C.S., a daughter (Susan Harriet).

MARRIAGES

BATTY SHAW-HECKELS.–On 7th May, 1954, at Epsom, Anthony Batty Shaw, D.M., to Patricia Heckels.

WILLIAMS-TAVERNE.—On 20th February, 1954, at St. Mary's Church, Leatherhead, Evan Arthur Williams, M.B., B.S., F.R.C.S., to Yvonne Taverne.

DEATHS

DE BRUYN.—On 6th May, 1954, in hospital at Cape Town, Robert Saunders De Bruyn, D.F.C., F.R.C.S., Surgeon, Stamford and Rutland General Infirmary.

THOMAS.—On 24th April, 1954, Ellis Rae Thomas, M.D. (aged 83), dearly loved husband of Lilian Gladys Thomas, Kyrton House, Gillingham, Kent.

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

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PASSIM

O happy is that man and blest !
Nae wonder that it pride him
Wha's ain dear lass, that he likes best,
Comes clinkin' in beside him.
Robert Burns—*The Holy Fair.*

IN that picturesque part of Britain known as East Anglia, is hidden the administrative county of West Suffolk. There, in the old-world county town of Bury St. Edmunds, the old-world Education Committee of that county meets and, by its old-world ideas, commands our attention. This body has recently seen fit to make a ruling that students of either sex who marry will forfeit any grant that they get from their county.

Now this raises a very controversial subject and the background and implications of such a decision deserve careful examination by thinking people (perhaps as opposed to some of the West Suffolk Education Committee). Their chairman seeks to justify this edict, erroneously suggesting that couples, by making a home together, are thereby bound to neglect their academic opportunities. "For," says he, "they could not spend as much of their time upon their course as if they were perfectly free." More than this is implied, because the council "do not feel that they should pay a marriage dowry."

These daft notions should swiftly be abandoned as they serve to imperil immediately the welfare of married students and, by their implications, suggest further domination of the will of the individual by public bodies. They take us in fact nearer to the "government of the people, by the bureaucrats, for the politicians" which is the heart's desire of those mediocrities who can only assert themselves through the concerted brayings of committees.

The council, like others, pays grants to deserving students who, by their previous academic achievements, have become entitled to financial aid towards the cost of their higher education. Surely their students are equally entitled to such grants whether they are married or single ? Performance at the university and the decisions of examiners are the only available criteria of academic success or failure. We would agree with the senate of St. Edmundsbury in its decision *if* we felt that the performance of married students was one whit worse than that of their single colleagues. But we feel sure that there is no evidence that this is so. There is no truth in the suggestion that married students give any less time to their studies. On the contrary, the married student has the greatest possible incentives to hard work, in the form of his wife and home. For him, failure is a greater disaster than it is to the bachelor and accordingly must be avoided by unremitting work. We believe that all university authorities will support this view and will testify to the efforts and achievements of their married undergraduates.

The older ex-service students are getting rarer as the years pass, but, in studies as protracted as those in medicine and dentistry, the right of the student of mature years to marry should not be assaulted by any public bodies.

West Suffolk has made a silly decision and one which can be dealt with either by open protest (which is proper to this situation) or by subterfuge and concealment (which would be justified by this official folly). After all, had the committee proposed the Gilbertian alternative that all students who were *not* married would forfeit their grants, there would assuredly be a storm of protest such as, we hope, will burst upon and reverse this silly assertion of petty authority.

The return of our Patron, Her Majesty Queen Elizabeth, is a matter of general rejoicing. On 15th May, at the invitation of Squadron Leader Bowyer, nurses and children from *Caleb* and *Diplock* saw, at Bermondsey and from Messrs. Perkins' brewery wharf, Her Majesty and the Duke of Edinburgh with their children proceeding up river on their joyous progress home. Other members of the nursing staff at Guy's added their welcome from London Bridge that day. Last week, more of the nursing staff were invited to watch from St. Paul's Church Yard, Her Majesty and the Duke of Edinburgh drive to the Mansion House to receive the City's official welcome.

Last week saw the first British sectional meeting of the American College of Surgeons. This was held at the Royal College of Surgeons, an appropriate venue since the American College was modelled on ours and received much early encouragement from British surgeons. The meeting was attended by a host of distinguished surgeons from both Great Britain and America. Guy's men played a part in the proceedings as Mr. R. C. Brock read a paper on *Modern Techniques in Intracardiac Surgery* while Mr. Patrick Clarkson was a "Collaborator in a Panel Discussion" (to quote the "program") on Hand Surgery. In addition, during the week, our Hospital itself welcomed some American visitors who watched the performance of operations by the surgical staff. A brief glance at that day's operation list suggested scenes of unparalleled surgical industry. Messrs. Atkins, Blackburn, Brain, Brock, Eckhoff, Glover, Lawrie, Massie and Wass were all to be seen in action in one afternoon.

Cardiovascular surgery has been especially associated with Guy's Hospital since the days of Sir Astley Cooper. On 20th May last, Mr. R. C. Brock introduced to us Dr. M. E. DeBakey, Professor of Surgery at Baylor University, Texas. His Carbutt Lecture on " Surgical Considerations of Diseases of the Aorta " was an exposition of some of the most difficult techniques—the surgery of vascular obstructions, notably in the lower aortic tree—and of aneurysmal dilatations of the aorta. His lecture was liberally illustrated by coloured photographs which did something to indicate what Dr. DeBakey's modest factual descriptions scarcely conveyed—the remarkable procedures which (in a few experienced hands) can now be undertaken for previously inoperable vascular abnormalities. In the course of his lecture Dr. DeBakey paid a warm tribute to the major part which our hospital is playing in this field. He received a great ovation at the end.

The Carbutt lectures are given each year, alternately by a physician and a surgeon. It was thus appropriate that Dr. Maurice Campbell should, with a few well chosen and witty words, conclude an enthralling hour.

On Wednesday, 12th May, there was a service in the Hospital Chapel to mark the centenary of the departure of Florence Nightingale and her band of nurses for the Crimea. Later the same day, at St. Paul's Cathedral, many of the nursing staff from Guy's formed part of a congregation of nearly 3,000 nurses. They were joined by the Lord Mayor of London and the Ministers of Health, Labour and Housing and Local Government with other important officials, in prayers of thanksgiving for " all who, in every age, have laboured to prevent suffering . . . . "

Professor Whillis has recently undergone an operation in Nuffield House and we take this opportunity of wishing him a speedy and satisfactory convalescence.

The fount of surgical inspiration, like the disappearing rivers of the Yorkshire Pennines, pops up in some queer places. We have recently been visited by a lorry load of pipe-descaling apparatus which stood in the Park for all to see. This heterogenous collection of machinery included some ingenious drills with flexible ends designed presumably for the operative relief of stenosed and encrusted channels. One of our most senior surgeons was quick to recognize the potentialities of such a tool. Perhaps *Lydia*, *Job* and *Christopher* will yet harbour patients who have visited Theatre III for the descaling of their common ducts.

GUY'S DIARY

MAY			Exhibition. Department of Surgery. *The Surgical History of Guy's.*
31st	M	1.00	Dr. M. J. F. McArdle. Clinical Lecture. *The Diagnosis of Spinal Cord Disease.*
JUNE			Exhibition. Department of Surgery. *Head Injuries.*
1st	T	1.00	Dr. Lawson Wilkins (Associate Professor of Pædiatrics, Johns Hopkins Hospital). Clinical Lecture. *Endocrine and other factors concerned in Somatic Growth and Development.*
3rd	Th	1.00	Mr. N. L. Eckhoff. Clinical Lecture. *Infections of the Face and Neck.*
		5.00	X-ray Meeting. Gordon Museum.
4th	F	2.15	Clinico-Pathological Meeting. Gordon Museum.
10th	Th	1.00	Dr. A. W. Hind. Clinical Lecture. *Anaesthetics in General Practice.*
		5.00	Mr. Murray Falconer. Neurosurgical Demonstration. Clinical Theatre.
			X-ray Meeting. Gordon Museum.
11th	F	1.00	Professor J. T. Louw (Cape Town University). Clinical Lecture. *Constriction Ring.*
		2.15	Combined Round. Pre-clinical Classroom.
12th	S	10.00	Mr. C. J. B. Murray (Middlesex Hospital). Surgical Departmental Round. Clinical Theatre.

OBITUARY

ELENA GEORGINA MATILDA BARLAS, J.P.

Although Mrs. Barlas had suffered ill health for many years, it came as a great shock to her colleagues on the Board of Governors of Guy's to learn that she had a cerebral hæmorrhage on Easter Sunday, from which she died on the following morning at the age of 66.

Appointed in 1948 as an original member of the Guy's Board of Governors, she had recently been re-appointed for a further term of three years. Her death will be keenly felt at the Evelina Hospital, where she was an active member of the House Committee. Mrs. Barlas' long career of public service started in 1907, when she became the Secretary of a Childrens' Care Committee of the London County Council. She served as a V.A.D. during the 1914–1918 war. In 1928, when she joined the Guardians' Committee of Farnborough Hospital, she began her long and close association with that hospital, which continued until her death.

She was a member of the Beckenham Borough Council for 10 years, and in 1914 became a member of the Kent County Council. Since 1946 she had been a County Alderman. Appointed a Justice of the Peace in 1944, she was at the time of her death a Vice-Chairman of the Bromley Bench. In 1948 the Home Secretary appointed her a member of the Royal Commission on Marriage Guidance. Her husband, Mr. Douglas Barlas, a solicitor, pre-deceased her two years ago. Of their two surviving sons, one is a medical practitioner and the other a solicitor.

I.B.

ROBERT SAUNDERS DE BRUYN, D.F.C., F.R.C.S.(Eng.), L.D.S.R.C.S.(Eng.)

Very many Guy's men will mourn the death of de Bruyn, which occurred in hospital in Cape Town at a relatively early age on 6th May, 1954.

De Bruyn came to England when barely seventeen during the first World war to join the Royal Flying Corps. He served as a pilot in squadrons in France and was awarded the D.F.C. After the war he entered Guy's as a dental and medical student, taking his medical qualification in 1927. In the face of strong competition he obtained house appointments at Guy's and was house surgeon to Mr. R. P. Rowlands and later Resident Medical Officer in Bright Ward. Shortly afterwards he obtained the F.R.C.S. England and for a time was one of the Surgical Registrars. He then went into partnership at Stamford, where his surgical ability was quickly appreciated and until his death he held an appointment as Consultant Surgeon to the Stamford and Rutland General Infirmary.

De Bruyn, known to his friends as D.B., was early recognized as outstanding both in ability and character. Although somewhat shy and reserved as a student he made many friends, both among his own contemporaries and his seniors. His tact, sympathy and gentleness endeared him to innumerable patients. His judgement and diagnostic skill was by no means confined to surgical cases. In the influenza epidemic of 1929, as Resident Medical Officer in Bright Ward, it fell on him to have day to day charge of three wards filled by members of the nursing staff, many of whom were dangerously and some fatally ill. There must be many of these who will never forget how much they owed to his unsparing care.

D.B. had wide interests apart from surgery. During the second World War he was frequently to be seen in the Royal Air Force station at Wittering and many air-crew whom he dealt with in Stamford Infirmary owe their lives to his skill and unremitting attention. In addition his interest in art, music and travel made him a most delightful companion at home or on holiday.

His untimely death will leave a gap which will be impossible to fill for many of his close associates and friends. He leaves a widow to whom we offer our deepest sympathy.

J.J.C.

E. C. T. writes :

The untimely death of Robert Saunders de Bruyn on May 5th is a grievous and irreplaceable loss both to his colleagues and to the community he served so ably for twenty years. His stature in general surgery was such that he was most unfortunate in not securing a staff appointment at Guy's. After a period spent as surgical registrar and some months in the U.S.A., he joined a firm of general practitioners at Stamford as a surgical partner and in 1932 came on to the staff of the Stamford and Rutland General Infirmary. It was typical of his wide interests in medicine that until the rapidly expanding volume of his surgical work made it impossible, he undertook and enjoyed a fair amount of general practice.

During the war he laboured for six years, virtually without any holiday or respite and achieved a truly remarkable volume of major surgery at his hospitals at Stamford and Holbeach. After the commencement of the N.H.S., he relinquished his partnership and continued consultant appointments with the East Anglian and Sheffield Regional Hospital Boards. In July, 1953, after some weeks of increasing unfitness, he submitted to lengthy investigations which terminated in an abdominal operation. His death in Cape Town occurred as the result of a relapse whilst on convalescent holiday.

Much of his professional success lay in his judgment, which was rarely at fault. Strongly individualistic and endowed with a fine memory for faces and events, he had that rare quality of so shouldering his patients' burdens that all worry and tension vanished with his advent. His rich personality did not suffer fools gladly and his lambent wit flickered impartially upon all and sundry according to their deserts. Essentially a man of simple tastes, he enjoyed good music, literature and the arts.

He bore the considerable travail of his long illness with great fortitude much aided by the devoted care and encouragement of his wife, to whom we offer all our sympathy in her great loss.

I. G. R. writes :

I was extremely sorry to see the announcement of Robert de Bruyn's death.

I feel sure that many Guy's men benefitted, as I did, from his excellent teaching of basic surgical principles, while he was Surgical Registrar.

It was " D.B." who literally drove me to work for the Primary Fellowship : he was an enthusiastic taskmaster, always cheerful and courteous, in spite of his outward brusqueness. Even when we both failed, I could not resist his persuasion to " have another go," and I was always grateful to him for this. He had a wonderful, dry sense of humour, which was sometimes needed when he got depressed by not having his F.R.C.S. while holding the appointment of Surgical Registrar.

THE KEATS-SHELLEY MEMORIAL

The funds for a memorial to John Keats and Percy Bysshe Shelley have been collected by the Keats-Shelley Memorial Association, from supporters in England and in the United States. A stone on which profiles of the two poets have been sculptured by Mr. Frank Dobson, C.B.E., R.A., has been erected in the Poets Corner and will be unveiled by Dr. John Masefield, O.M., the Poet Laureate, on Thursday, 10th June, at 5 p.m.

The site allocated by the Dean and Chapter is immediately above the memorial to William Shakespeare ; it is surrounded on either side by the tablets commemorating Coleridge, Southey, Samuel Johnson, Wordsworth, Burns and James Thomson. The wonderful lyric poetry of Shelley is his claim for admission to the great company in the Abbey. John Keats gains his not only by the greatness of his poetry and of his letters but also for his interest in religion. When his sister was preparing for confirmation he wrote advising her what books to read ; he was sufficiently a churchgoer to criticize the clergy from first hand knowledge ; he himself framed an elaborate theory concerning " soul making."

Friendship is not the right word for the relations between Keats and Shelley. Shelley read Keats' volume of 1817 when it appeared; when he was drowned in the Bay of Lerici an open copy of the 1820 volume was found, thrust hastily into his pocket. Keats held himself aloof, refusing the invitation of Shelley to stay at Marlow, and later to be his guest in Italy. In their lifetime both Keats and Shelley experienced great sadness but both left behind them lines which Keats so fittingly described :—

A thing of beauty is a joy for ever :
Its lovliness increases ; it will never
Pass into nothingness.

All those able to attend will be welcomed at the unveiling of the Memorial.

MEDICAL MISPRONUNCIATION

by

H. St. H. VERTUE D.M.

Will all great Neptune's ocean wash this blood
Clean from my hand? No; this my hand will rather
The multitudinous seas incarnadine,
Making the green one red.

Neptune, ocean, multitudinous, incarnadine! Fortunate indeed are we English in that, ever since our language became the speech of civilized men, it has been strengthened and enriched by borrowing from the ancient tongues of Greece and Rome; and the process is still going on, mostly in the form of medical and scientific terms. One would suppose on that account that exponents of medicine and science would hold in particular honour the two noble languages of which they make such use, would pay great attention to exactitude in the meaning and derivation of words and would be sure to take care to pronounce them correctly. There certainly are signs of an awakening interest in these matters, but for a long time, say, half a century, there was an utter neglect. Why has this been?

When Keats wrote,

Philosophy will clip an angel's wings,
Conquer all mysteries by rule and line,
Empty the haunted air and gnomed mine—
Unweave a rainbow, as it ere while made
The tender-person'd Lamia melt into a shade,

he was referring to what we now call science; for science, though many seem to think of it as a separate body of doctrine, is in reality a branch of philosophy, natural as distinct from moral philosophy. In the eyes of the old world philosophy was also interwoven with poetry and religion, so much so that certain early philosophers, Parmenides, Empedocles and Xenophanes, wrote in verse. A few centuries later, the composition in Rome of the *De Rerum Natura* by Lucretius put beyond doubt the essential unity of poetry, philosophy, religion and science. Therefore, since poet, priest, philosopher and scientist are different rôles in which one man can appear, it is logical to provide all who mean to make the best use of their intellect with the same equipment, that is to grant them all the same education.

Down to the early years of the present century men, of the sort that I mean did in fact receive the same education, and this was a classical one, because classical ideals dominated the scholastic world. In the past, be it noted, the scientist was also the scholar, who, even if he wrote in his own tongue, might pleasantly illuminate his prose with a passage from the Georgics; or he might, as Willis, Harvey, Newton and Glisson did, send out his treatise in Latin, a tongue that all educated men everywhere could understand. Convinced of the soundness of this view of education, the Universities required all their candidates to pass examinations in Greek and Latin before entrance, and further demanded, if science were the chosen study, that at the end of a year an additional examination in Latin must be faced. The first aim in education in those days was to make a good man and the next to grant him the training necessary for a career; and there was at least money enough for the plan. Yet it will be apparent that the system had not been completely thought out. Poetry and religion were administered to the youth in liberal doses; in moral philosophy he would at least know how to find his way, having been grounded in Plato; but where was the natural philosophy or science? Virtually there was none in the best general education that could be had at that time. One has only to consider how much had been contributed by science to human progress and human knowledge during the nineteenth century to perceive the injustice. There was a covert prejudice against science, especially among ecclesiastics, then very influential in education. Therefore the scientist had a legitimate grievance against the upholders of the old system. The result was what might be expected: a schism was manifest between the scientist and the scholar.

As one began to ascend the slopes of scientific knowledge, one soon became aware of this. To my tutor I remarked that it was odd how we heard of a *sino-auricular node*, whereas the sense demanded *sinu-auricular node*. "Ah yes!" he replied, "but if you were to raise that objection to Starling, he would call you pedantic," naming as a typical man of science a famous physiologist much in our minds. Here was a puzzle ! *Sĭnus* (stem *sĭnu-*), is a gulf or channel, but *sīnum* (stem *sĭno*), is a jug.

> *Sinum lactis et haec te liba, Priape, quotannis*
> *Expectare sat est ; custos es pauperis horti.*
>
> Eclogue VII, 34-5.

Far indeed are we from the exactness that ought to mark a scientific term if we are indifferent whether an important structure in the body is a channel or a milk-jug ! Now, Starling was professor at another place, where there was no insistence on a classical education ; yet as a result there was lacking a certain status that science alone could not bestow. Would not Starling have felt too that the education that aims less at what a man should do than on what he shall be is the one that really brings the best out of him ? Then again, although science had been popular in the nineteenth century, scientists had not been highly regarded.

> *The man of science himself is fonder of glory and vain,*
> *An eye well practised in nature, a spirit bounded and poor.*

Finally, there was this affront from the scholars, who seemed deliberately to shut their eyes to the essential importance of the subject. So compensation must be found ; and found it was by simultaneously using and misusing the vocabularies of Greece and Rome and by this means establishing a sense of superiority over them, as though they were drudges in the service of science. Here was the remarkable phenomenon of a man putting a coinage into circulation and then debasing his own issue ; and here too was the explanation of why the same man, having made a schoolboy's mistake of confusing *sĭnus* with *sīnum*, would deliberately adhere to his error and would have snubbed a youth who dared to protest.

Since those days how great has been the change ! The money spent on the humanities is almost negligible, the amount lavished on science is immense. Avenues of trees have been felled, green fields obliterated and park-land appropriated to make room for more and more laboratories. The broad stream of classical scholars has dwindled to a rill : the student of science abounds everywhere. With a species of folly familiar to all physicians men have rushed from one extreme to the other. What was held in high honour is now little esteemed : what was depressed has become proud. The would-be physician, who would take the humanities, finds such obstacles put in his way that he must forego his good intentions and devote himself prematurely to training for his career, whether he will or not. There has been an error previously : there is a worse now, for the part cannot be greater than the whole. With the coming of this change there is an end to the old feeling of inequality. Nay, the scientist has especial reason to be proud of his branch of philosophy, because it has withstood the ravages of our time better than anything else, better, far better, than the arts. There is nothing now between him and a fair use of words in the service of his lady.

The fact is that, if science be set aside, any man of mature years to-day has seen changes of the same magnitude and of much the same character as those that came about between the reigns of Augustus and Diocletian, changes however occupying not three hundred years but fifty. There is the same perpetual struggle to preserve civilization from the barbarians, the hard-won victory, the exhaustion, the painful impoverishment and then the wearisome renewal of the strife. There is the same anxiety to fill the gap or stem the latest inroad. There is the same importance allotted to the armed forces. There is the same loss of liberty : in ancient Rome and modern England the state dominates the individual. In Diocletian's day there was a decline in population : in our own looms the more formidable problem of how our teeming world is presently going to be fed. Again, both empires are weakened by internal ill, slavery in Rome, industrialism in England. It is true that, unlike the Romans, we have striven hard to mitigate our ill and have achieved a solid measure of success ; but is not the most widely acclaimed remedy itself a subtle evil ? Is it not some chloramphenicol, some compound of pyrazolone, which gives rise to more anxiety than the disease that it was designed to cure ?

Perhaps this conspectus seems somewhat gloomy. Then turn and observe that there is one striking difference between the two ages. When Diocletian reigned, the last of the moral philosophers, Plotinus, had passed away and the last of the natural philosophers, Ptolemy, and of the physicians, Galen, had flourished as long as a century previously. At least we have not suffered this collapse of learning. Serene amid the general deterioration and uncorrupted by the all-powerful state, science preserves her equanimity and still lays bare the truth, as far as it lies in her power to do so. How preposterous, then, that scientists should be tripped up by scientific terms or cultivate ignorance of the tongues that they have adopted ! Or we may compare her estate with that of the arts. In Diocletian's day the artist had given up the attempt : in our own at least he tries. Yet the struggle with a changed and hostile world is too often and too painfully evident, with results that are harsh and uncouth and an execution that is poor in comparison with the finish of the past. To one who has received a classical education these works often seem more fit for the savage Tauri than for a nation such as ours, with a long, proud history of growing civilization. So the leader of the Muses now is science, whose tones are clear, whose accent is unfaltering. Fortunate is he who knows the sacraments of the goddess and is of one heart with her band.

If we are to reform our speech there is no time to lose. At Pergamum and Epidaurus, Aesculapius enjoined upon his votaries that they should practise oratory, acquire literary skill and even compose poetry ; but alas ! so many of us to-day resemble those Selenites, inhabitants of the moon, imagined by H. G. Wells, whose one interest lay for each in the application of his own speciality, " whose voice became a mere stridulation for the statement of formulae." First to be clear in mind about what you are going to say ; then without haste to frame the well-constructed period ; to give each word its weight and due position ; to remember grammar ; to cast away the slipshod phrase, disdain the outworn figure ; to speak in measured tones ; to ascertain the right pronunciation of every term and to use it unabashed—these are feats more difficult to accomplish now than they have ever been since England became a civilized nation : nevertheless our duty is to make the attempt.

Medical men especially have particular reasons for speaking well at present. If we compare ourselves as we are to-day with our portrait as it was painted in the Victorian era, how do we stand ? It is the popular view of that time that we want, not the sort of representation that would be favoured by the critics of to-day. In any case one should not pay too much attention to contemporary criticism, for Epicurus has laid it down that only the wise man can discourse rightly upon the arts ; and how many critics earn the epithet σοφὸς or wise ? But few I should say, judging by their writings. Unencumbered therefore turn the mind to a picture of which a copy used to hang above the fire-place in the old " clinical," " The Doctor " by Luke Fildes, which represents a true son of Aesculapius, a grave, bearded man of a capable appearance, intently pondering the case of a sick child in its cottage home ; or " The Crisis " by Frank Dicksee, which depicts a young woman propped up with pillows in the way that is customary in pneumonia, asleep and exhausted, and by her bed a man of similar weighty demeanour with all his attention focussed upon her. To-day, we may guess, neither of these two would be bestowing such a prolonged and careful scrutiny upon his patient, but would be running his eyes over a sheaf of films and laboratory reports. Indeed it is not unlikely that the latter of the two would not know where in his patient's chest the pneumonia was situated until the machine had told him—and the machine itself might belie his trust. It is true that the capacity to do good is much greater to-day : the crisis of pneumonia has never been seen by many, because the disease is cut short before it progresses so far. It is true too that what wins the greatest applause from the profession itself is the pursuit of investigations ; but from the patient and his family more respect and affection were directed towards the earlier exponents of medicine, who were so keenly attentive to the human being. Those valuable aids that science has put into our hands are apt at present to become fetiches ; but if we set up a factitious worship, what wonder if the public should begin to relegate us to the second place, or that more faith may be shewn in an X-ray report than in a doctor's judgment ? In the full enjoyment of success, conscious of wielding great power for good, we have yet lost a little ground with the public ; and I maintain that we cannot afford to lose ground now that we have been nationalized. Already there is a slight but perceptible decline in the popularity that we once enjoyed : the attitude is more critical : litigation is fast increasing. The benefits of this step have been obvious : the drawbacks are slower to appear and at first sight more difficult to discern. In the face of them the doctor must range himself with the philosopher, the scientist, the poet, the man of learning : otherwise he may find the ground slipping away beneath his feet.

As each number of the *Reports* appears, Mr. Brock prints certain words of the eighteenth century surgeon, Joseph Warner, telling how a hospital is a means for furnishing the principles and practice of surgery and an instrument for improving the art. (Surgery here is a synecdoche standing for the combined arts of surgery, medicine and nursing.) At Guy's, where we enjoy a sheltered environment, we may not yet be fully aware that power is passing into the hands of a stranger, the administrator, being ourselves somewhat fortunate in this respect. The truth that lies in Mr. Brock's quotation is obvious to us, but will it always be so to the newcomer ? Will he not rather in an industrial age come to look upon a hospital as a machine, to be managed efficiently by himself ? His view will be simple : above him there will be a committee or board and below him the staff, clerical, domestic, engineering, almoner's, nursing and medical. For him a hospital might almost exist without us. Lifts would still clank up and down, X-ray tubes buzz and glow, secretaries write letters from one department to another, committees read minutes and form sub-committees and flocks of girls come twittering out of the gates like starlings on an autumn evening : but medicine and surgery might be stationary, might almost in fact not be there. In my view the nationalizing of the county hospitals was a beneficial action ; but the teaching hospitals should have been left to enjoy autonomy as the Universities do, supported by the grants that lie as a moral obligation upon the state, which, having sucked dry the springs of charity for its own ends, had brought these hospitals to the verge of ruin. As for the family doctor, who is a pure individualist, the decision to nationalize him cannot have been intended for *his* good : was it for that of his patients ? " L. Cassius quaerere solebat, cui bono fuisset." Whatever the reason for these changes and whatever the results, the honour and glory of medicine is not to be sought among them. The inference is obvious : in the future we must very carefully safeguard our position.

In our new environment there also lurks another danger, seemingly insubstantial but actually real. It is that those who have the management of a nationalized medicine may know no aims beyond the cure of illness, that holding utilitarian notions, they may look upon the doctor as one whose business it is to get the sick worker back to his task as quickly as possible or to reduce, let us say, by efficiency the number of man-hours lost. The doctor then becomes the servant of the industrial state. With this threat in one's mind a most disagreeable impression is conveyed whenever any one referes to his work as a " job "—an almost daily occurrence. A job is a piece of work undertaken for hire ; and he who proposes to practise the art of medicine upon such terms admits that he is half-way towards becoming an artisan. He need not be surprised, then, if the metamorphosis one day overtakes him. But the doctor is truly what his name implies, a teacher. Medicine instructs how to live wisely, how to cultivate to the best the body and the mind, how to preserve the health of both and, if it be lost, how to restore it. To Empedocles it is the poet, the seer and the physician who are highest, for they see farthest into the heart of things. A healer himself of high repute, he understood that enlightenment is the true aim of medicine, not healing, important though that is too.

Of this wisdom of medicine there are two aspects, the Hippocratic and the Aesculapian. The former, the scientific, is the basis of our present success ; and it is the latter, the literary and artistic, that is more in need of attention at the present time. The feet of the physician or surgeon are planted on the path set before Socrates by Diotima, the wise prophetess. At the beginning the wish is to make the sick well, the deformed straight and the ugly beautiful, to banish pain and to install peace of mind where suffering reigns. Therefore the student of medicine desires for human beings what is beautiful and what is good and in a Platonic sense becomes a lover of his kind. Next, while he is learning he has to contemplate the sciences and sees their beauty and their truth ; and from there he may progress to many other forms, " creating many fair and noble thoughts in boundless love of wisdom." This is the life that a man should lead ; and where the quest ends you may learn from the *Symposium*.

Considering these things well, I hold him wisest who by weight of knowledge, by bearing and by style gives example of the merit and dignity of medicine and so will not suffer his profession to be eclipsed. The doctor, I maintain, ought not to rest content with the craftsmanship that gives him pleasure : let him take care to be what he purports to be, a doctor. Let learning, wisdom and urbanity not only be in him but shine forth. Let us show what we are, not only in our lives but with our lips. The elders should give example, that the younger may have courage to follow. " A doctor " said Galen, " should be kind and modest ; but he must also preserve his dignity. A doctor must avoid mistakes in accidence and syntax." If Galen could hear us speaking to-day, he would add another injunction, " A doctor must avoid mistakes in pronunciation."

(*To be concluded in our next issue.*)

OBLIVIA (3)

By Q. S. GABB

BY 1910 I had 3 flourishing troops of scouts going well, and took about fifty to the Windsor Park Review by His Majesty. We started off about 9 p.m. headed by the Town Band, but not realising that they would be sure to have taken their own precautions, (the Band are meant), a generous allowance of beer had been provided in the drive. About a quarter of a mile from the station, the martial music which had been growing noticeably more catarrhal, finally conked out. As this happened just opposite the hospital, the ingenious suggestion was given circulation that it was out of consideration for the Patients. There was also a rumour that a boy who had been disallowed the trip for smoking had been marching beside the band sucking a lemon. It was 3 a.m. the next day but one that the 'troops' returned, some of them carried, but not for the same reason; it had been a long trip for the young ones. Those boys did magnificent work in the war. The outfit rated a D.S.O., 3 M.Cs., 2 Croix de Guerres, and one of them was a signaller in one of the Canadian Troopships keeping the convoy in touch, having learnt his job with us.

Weeks before the 1914 war broke out our Red Cross V.A.D. had all preparations made to rig and staff a voluntary hospital at 24 hours notice, so their keenness was rewarded by orders to get a convoy to collect Belgian wounded from the junction twenty miles away, in six hours. By good luck a small silk Belgian Flag was available for the leading car, and the Detachment was very proud of having the first convoy to reach the County in their care.

1914 found me a prospective parent with a daughter 'due for completion' in the following year. A Locum was found in April 1915 and I was on the way to join up when the news of Gas Warfare broke. There was quite a pool of M.Os. at Chester and we spent a month serving His Majesty on the Dee, with an hour or two in the morning learning forms and etiquette. Becoming ashamed of such a wonderful holiday at the Country's expense, I found myself in Medical charge of Chester Military Hospital, and presently moved to Aberbananer, (apologies to Beachcomber), to start a big field camp, with innumerable quite novel duties, and no help. Presently a R.A.M.C. detail arrived, with two M.Os. and a field Hospital. A few days later a leading hotel rang up to say 'One of your young officers has collected all the "earthenware conveniences" on the first floor front, and has locked himself into a bedroom with two bottles of champagne. He has propped both the windows up with the aforesaid earthenware, to the consternation of His Majesty's Lieges, and particularly Liegesses, passing, or by now mostly stationary, in the main street'. 'Passed to you please for immediate action, if not sooner'. Four hefty orderlies collected him from the back door with an ambulance. Arrested and under guard he managed to crawl under the back flap of the tent and was last seen making fast time along the railway line, having lost the seat of his pants on some barbed wire, and pursued by the guard. As his main treatment for all ailments was the production of huge blisters, his departure was not bewailed by his Patients, though he certainly kept the sick parades down in numbers.

In the days before the Welfare State, malingerers were rare either at Guy's or in Private Practice, so that experience in detection was lacking. All twelve patients of my first sick parade were examined with care and treated with leniency, discouraged by the frowns of the R.S.M. By the end of the week the average was sixty, so it became clear that they recognised a soft-hearted mug, and it was necessary to catch some of them out. Simple traps sufficed to detect three beyond cavil, and they got quite a sentence apiece at Orderly Room. Next day we were back to twelve and there was no more trouble with that Battalion.

Out of the blue came sudden orders for a big draft overseas in three days time. Meticulous examination, which ought to have found out before, discovered over 100 men 'lousy'. What on earth to do ! There was no apparatus of the sort required, in those early days. Drastic improvisation necessary. The men were put in isolation tents within a barbed wire fence, with sentry on the gate. Luckily it was blazing weather, so it was no hardship to be deprived of half their clothing, which was taken in wagons, specially marked as plague-stricken with crosses of yellow chalk, to the workhouse. There, after having persuaded a local publican after hours 'in the King's name ! ! !' to let us have a small barrel of beer, we spent the night boiling them. (Yes, I know, but I was a panic-stricken amateur, and had been ordered—'Don't bother HQs; paddle your own canoe—you have had plenty of practice this last month at that—do what you like, obey orders and I will back you)'. By next night they were three parts dry, it was blazing July, so we left the poor blokes with two blankets apiece and confiscated the rest, proceeding as before, and by evening both lots were dry. Ten camp buckets with successive lashings of hot water, and a supply of balls of creosote and soft soap, were surrounded with a canvas (alleged) screen only about 2ft. 6 high, the best we could do, with a medical orderly apiece to superintend, encourage, and if necessary assist, and the victims shooed through, ten at a time.

The camp was overlooked at close quarters by a most convenient bank. It was early closing day and hilarity had an easy victory over modesty. And why there was no mutiny is explained perhaps by the diffidence induced by nudity. It was plain sailing for the small men, who were quite comfortable in the larger sizes. For the big men there seemed a poor outlook. Finally new kit was issued and the wretched M.O. was pursued for the rest of his service for 'sets of kit written off unjustifiably' as unfit for human habitation. Of course, the wicked old Quartermaster kept them against the arrival of some small recruits, and could have helped us out from the start. He taught us a lot. Came the dawn and departure of the draft. Came also an N.C.O. for permission to delete the yellow crosses from the wagons in which the *disinfected clothing had been collected.* The only course seemed to be to show no emotion and hope for the best. There was a sequel, unlikely to be believed. Who runs may read. The rest of the division moved in on July 31st. A week later there were both venereals, measles, mumps, german measles, diphtheria, assorted lice and scabies, with three orderlies available for the lot. A week later 40 contacts for isolation. Separate latrines for each group were of course, for want of supervision used as a sort of club for the mixing of their various nastinesses and playing crap and such amenities. Contacts, owing to 'regulations' had to be fed from their own units, fifteen in number, naturally when obtained the food was untempting, and grumbles got so bad that the mean trick was adopted of telling them that as the food was 'too rich' for them they should go on a milk diet. An attempt by the new Battalions to do the sick parade trick was foiled by having the latter at an unearthly early hour, and insisting that each man bring a chit from the Orderly Officer. As that functionary was by then drawing rations, or inspecting the meat, if out of bed, going sick was severely discouraged. We were learning. Moved back to HQrs I became what my mother would have liked to think of as A.D.C. but friends who knew better called dogsbody. And it was there that as routine it fell to my lot to report on the officer who had so rashly condemned certain clothing.

There was nothing for it but to make a clean breast of it to the D.D.M.S. It so happened that I had on the previous day been commanded to tennis with her ladyship, and caught her a fearful crack on the back with one of my best drives. So I approached the lion's den with diffidence. He said, 'Well the Officer obeyed orders the best way he could, didn't he ?'. 'Why not say so ?'. The dear old chap; I had not bothered him and most of the amateurs did. The only time I had to ask for reinforcement, he had sent down a plenipotentiary in a few hours, who enforced the medical requirements in no uncertain manner.

I was demobbed, unfit, in plenty of time for the Influenza Pandemic. It must have been airborne, for in one village, 70% of the population went down on one morning, and the place reminded one of tales of the 'black death' in its deserted appearance. By contrast, in another area, all the most inaccessible and outlying farms were afflicted, before the more populated parts. It went on for seven months; most people seemed to have it twice and certainly one attack did not protect. Towards the end it became regularly necessary, after hours of surgery, to start a long country round about 10 p.m., returning long after midnight. The limit was reached when, having got to bed at 7 a.m. I was called out at 7.1. There was little enough to do for the 'blue' pneumonias; they just went to sleep. There were two men in a loft, one with a very few hours to go, the other seemed to have a chance. He was heaved down a ladder, and taken in an open car on a mid-January night about ten miles to a cottage. He made a good recovery; the other was dead when I got back. It was not then common knowledge how well Pneumonia cases do on a balcony in the snow. No copyright claimed. Being by then in dire straits and nearly all in, the arrival of a Locum Assistant was hailed with joy. He was demobbed R.N., having just relinquished charge of a hospital full of grave cases, but such was the virulence of our brand that within three days he was down with it himself.

On one of my first visits to the wilds on returning home, there was a delightful welcome. A head came cautiously out of an upstairs window and discussion was evidently held as to the advisibility of letting the stranger in, exactly a repetition of my own first visit seven years before. The door came open meagrely; then 'Lor ! Doctor, I am glad to see you. I thought it was a gentleman'. So much nicer to be a pal ! Nevertheless the rural poor do expect quite a standard. As an old dear remarked, feeling somewhat aggrieved by the Vicar, 'After all, you do expect the Parson and the Doctor to be gentlefolk'. But it is nice when someone else debunks the haughty, and it was an unforgettable moment when round the door of the very posh lounge of our very 'County' hotel appeared the head of a very grubby old farmer enquiring 'I suppose yer don't nunner you know nobody wot don't want ter buy no dung ?'. Just such an effect might have been produced by the introduction of a sea-educated parrot to Queen Victoria.

Even now many cottages have scant access to water, which may account for the lady who had cut her foot, and during the repairs apologised 'It was only a few weeks ago I was saying that it was getting towards time that I began to think about washing my feet'. It was in fact quite a nice foot.

It was getting towards time too to consider getting an assistant with a view to Partnership. A great many medical partnerships are not happy, partly because the pursuit of medicine is so very much a personal and individual job, but even more since Doctors tend to marry, and as life is one continual series of disappointments and inconvenience, the respective wives cannot believe that any of the other partners could be so much frustrated and harried as their man. The only way is to have a rota for emergency and night duty, and to stick to it. If the call really is an emergency, the sufferer will be glad enough to get help from the one who comes. The patients to whom every passing cloud spells 'come at once' can well be spared. The advent of the so-called Welfare State has much increased the wear and tear. It used to be customary to charge extra for night visits, which was some protection of the doctor's rest after normal hours. By contrast, soon after the Bevan Act became Law my partners and I suffered seventeen night calls in five nights. There was once a Minister of Health who assured the world at large that the medical profession owed him such a debt of gratitude that they would be sure to put up a memorial to him. He might be right. It has been said that B.M.A. House is much in need of more sanitary accommodation. Why not !

Speaking of Politics, which may form a suspension but never a solution with medicine, one partner is Chairman of the local Conservative Association; another Chairman of the Liberals, a malicous rumour that the old doctor had joined the Socialists,—and ('You people will do anything to get patients')—rather deflated him, as nobody seemed to realize that he had been President of the Conservatives for a long time. But he had the rare satisfaction of getting a donation for Tory Funds, literally, if a trifle coarsely, out of the Socialist Candidate's family. The phone rang on Christmas afternoon—'Horace has swallowed a sixpence out of the pudding,—(an habitual theme song for the season)—'What are we to do ?'. Instructions duly given with orders to produce the coin in due course as doctor's perquisite. When handed over two days later, a receipt thanked for 'donation to party funds'. Coins supposed swallowed are commonly found in the turn-up of the father's trousers. I did so once in the 'Front' i.e., Front Surgery not now so called; the father being a Policeman. They disappear, are not heard to drop, the floor is searched, and the worst assumed. It is always worth looking. But most astonishing things like open safety pins do make the journey safely when they really have to. Almost more remarkable is the Odyssey of half an needle from the little toe, to appear two years later from the buttock, having passed all the joints without a qualm to indicate its presence.

Stories are told of women working in the cotton fields in Egypt, who give birth in the lunch interval and return home at night with some such comment as 'Look what I've found'. An embarrassed young man turned up one night asking for advice. His affianced had done just that, between the meat and pudding, in the uniform of a Victorian Parlour-maid, and with no noticeable interruption of her duties. She had appropriately retired to the adjacent potting shed, exerted sudden pressure—just like 'Button B'—and in the extremity of pain, fear and shock, tied her garter round the baby's neck. (She knew you had to tie something somewhere). Apologising for delay 'over the pudding' she finally cleared the table, put hot bottles in the beds, performing faithfully all her duties, and said nothing about it for two days. The young man was advised to tell the Police, as although 'what the soldier said' is not evidence; and things told to the doctor are if possible privileged; yet it is exceedingly difficult to dispose of even a small body. And while medical evidence could and would make things fairly easy in view of suitable confession of conceal-

ment of birth—only—things would not look nearly so good if disposal of the body was unsuccessfully attempted.

The police are almost invariably human if treated on the square; in fact they are about the only people who in these latter days are just as civil and completely decent as they were 35 years ago when this incident occurred. (To them must be added the night phone trunk male operators for whom no praise can be too high.) So the bereaved father at about 11 p.m. went his way to the police station, whence the doctor was presently rung up. The doctor stalled. The next scene opened on a very burly sergeant, fruitlessly ringing the bell at the scene of the tragedy. The bulldog breed borrowed a ladder and attacked the bedroom window from the garden. The householder, the very mould and archetype of a Victorian patriarch in a position of high responsibility to whom nothing unorthodox could ever be conceived to happen was aged and a bit deaf; but roused at last, and living in an age when an Englishman's home was still his castle, rushed for the double-barrelled gun which had been handy for just such an emergency for fifty years, presented it at the assaulting forces, and urged his wife to 'Ring the police instantly' and 'tell them to come armed'. What a gift for Giles. Presently an adequate proportion of the truth came out; the poor lass was taken to the hospital under the doctor's bail; and all officials concerned adjourned, duty done, to a 'concealed birth party' at the latter's house. Infants die very easily from want of skilled care in the hour of birth and it was not unduly difficult for officialdom to believe that this one died from haemorrhage. But consider the utterly incredible pluck of women. The young folk married forthwith, but never got over the shock and both died young.

It is in connection with episodes of this kind that one meets some of the oddest cases. One lady who had just achieved motherhood stuck to her statement that the little body in the box of books was no concern of hers, and had no idea how it got there. But the arrival of the after-birth as an interlude in the discussion tended to reduce the credibility of an already 'bald and unconvincing narrative'. A mother brought her daughter in at dinner time demanding an immediate interview relating to increasing discomfort in the tummy. She could not be considered to be in a decline and some rather persistent nausea experienced six months before had ceased to trouble. The only honest and in fact possible thing to do, particularly in view of the internal football or other vigorous antenatal activity, was to explain the position fully. And it was then that was evident what Kipling meant about 'the female of the species', and particularly in defence of offspring—albeit the first generation only, and having no truck with nor belief in the approaching second. A lightning storm of accusation, including slander and incompetence sparked and crackled round my head, and the tirade ended, 'Besides, how dare you suggest such a thing; she is in the choir !' It was not till nearly breakfast time that an urgent and more friendly message rehabilitated my character.

Among sad tragedies that might have been even worse was that of the newly affianced pair who were driving home the sports car just bought to mark the occasion. On a wet and slippery afternoon she turned over on a corner, pinning them both underneath. His neck was broken and she was concussed. There was a driving glove on his left hand and his pipe was filled but not scorched, so that there was nothing to suggest that he had not both hands on the wheel. The car was heaved off her and she was taken with all speed to a cottage, where the district nurse began to strip her wet things off, combating shock by the closest possible proximity to a roaring open fire. (Yes, pre-1939.) But the Nurse had a cold and it was not realised for some time that what she was saturated with was PETROL.

Nothing shows a greater degree of inconsistency than the gratitude, if any, of patients. One whose life was dramatically saved did not even say thank you, but a few weeks later was owner of two pedigree cars. But people who nearly always show appreciation are those returning from a mental hospital and most particularly those who have attempted suicide. It is comforting to believe that, in many cases known to me, that desperate step is not attended at the time by pain from self-inflicted injuries. One friend used regularly to cut his throat about every second year and it became quite a routine to go and sew him up, bring him in to a meal, with cutlery allowed under assurance that the urge was over, and stainless steel isn't very effective for that sort of thing anyway. Then we would go down to the Mental Hospital where he would go in as a voluntary patient. His first journey as a convalescent was always as a 'tenth leper'. He described the impulse to self-destruction as instantaneous and quite irresistable, and assured me that the slash, or slashes were entirely without pain. But after all his practice, one day he found his jugular vein, and that and our friendship were finally severed. Several of my friends have suffered from this momentary irresistible urge. Recurrence is without warning. The last one shot out quite a chunk of lung and we had an adventurous time. Needless to say he made a charming apology. Another of that ilk, if an ilk can be feminine, cut eleven slices in her neck, which could hardly have been more admirably spaced with a bacon cutter; but finding this ineffective, flung herself into the pond. She insisted that she felt no pain, and it is difficult to see how she could have had the fortitude to persevere, had it been otherwise. The current of sensation seems to be cut off simultaneously from mind and body. She was very satisfactorily darned. Her husband was most indignant at her disservice to his razor and at her borrowing it *without asking*. An attitude which might have influenced her action.

Soon after 1920 the inconvenience from having to use coal carts and such in lieu of ambulance was so considerable that a large car was brought with a detachable near side seat, so that the Doctor could return from the worst emergencies, bringing —horizontally at that—his 'sheaves' with him. The decision was reached after one Sunday afternoon when two couples in motorcycle combinations, having been neighbours in a caravan park on the coast in the morning took independent successive headers over one of those very sharp corners which take a road over the railway line. They were in fact, each pair, collected in a coal-lorry in their turn, and woke next morning in their respective wards, wondering how they got there still with their respective friends from whom they had parted overnight. It is of course a constant feature of concussion cases that recent memory is wiped out, and the hiatus goes back to before the accident, sometimes quite a way back, which makes them such hopeless witnesses. Admittedly, I have never actually seen an hiatus 'going back'. A man who lay with little consciousness and that intermittent for six weeks, and no memory at all in his lucid moments was coaxed back into touch with his world by the doctor taking note that he was a piano tuner. He recognised a tuning key. But not knowing he was left handed, we tried the wrong hand first without response and it was only when his mate remembered that he stammered that the mistake was realised. He made a perfect recovery.

About 1932 a St. John's Ambulance Division, independent of the Railway Team, was started by my Partner and has done simply magnificent work ever since, not only collecting acute cases at all hours of day and night, but doing night-watches with the very sick in their homes and even in hospital when staff are short, with never a grumble and all unpaid. They became the nucleus of our Civil Defence Unit and have steadily climbed the ladder of efficiency so far as to make challenges in the very highest competitions.

When war was clearly imminent and it was evident that no sailing would be possible and no holidays of the ordinary sort for some years, a hurried dash was made with a trailer to fetch a half-decker, in hopes of getting some occasional relaxation on inland waters. On the return journey we met convoys of R.A.F. transport with what are now called in Whitehalese, 'Personnel', and it became an occasion of recurrent chaff—'safety first'—'a bit on the light side for the Atlantic, isn't she ?', and among adventures of the trek was her attempt to turn round and traverse the cycle-infested, as always, and now convoy-choked alleys of Cambidge, broadside on.

When the first false alarm siren went, a taxi-driver in Regent Street ejected me perforce with advice to get shelter, and it was extraordinary to see that busy thoroughfare empty of pedestrians in a few seconds. No one knew quite what to expect and with dozens of others we were herded into the basement of a famous shop in suppressed embarrassment and slightly simulated imperturbability. The atmosphere was reminiscent of a Dentist's waiting room, but lacking the chairs and obsolete periodicals, and there was the compensating reflection that we might be spared the operative interview. The taxi had seemed safer as it was clear that apart from other risks, any sort of direct hit would fracture the surrounding hot water pipes and boil us refugees; which shocking fate did overtake a shelter full of folk a little further West, later in the War. But on this occasion we were soon released, albeit with our traditional starchiness sufficiently diluted to make it clear to each other that never for one moment had any of us harboured the slightest apprehension. And as for claustrophobia—'what's that ?'. It all seems pretty trifling in view of later happenings, but we were 'new boys'. Having thus been 'in on the ground floor' it chanced that I was in the Berkeley when almost the very last of the guided missiles came over. I was ashamed to have seen at close quarters so little of the intermediate stages, but an offer to relieve in London was turned down.

With the long expected onset, arrived hundreds of evacuees. The first thing that struck us all was the perfectly startling gulf between the whole outlook and way of life which had yawned between town and country increasingly during the previous years. Compared with this diversity, the well known chalk and cheese are practically indistinguishable. The urban folk thought of bread as just a thing you find in shops and meat a thing in a tin, and did not seem to realise at all that fertilising, ploughing, sowing, reaping, threshing, and the constant care of animals could be occupying a generous share of the whole lives of more workers than any other single industry. They were quick and intelligent, but seemed to have less mental resources than the locals; they would look at pictures or at so-strangely-called 'comics', but seldom read, and wanted always to have some sort of entertainment going on. And in that they have contaminated us to the extent that in very many of the cottages the 'wireless' bleats and jazzes from morn till night, and when, in the course of a professional visit one has to ask for the noise to be suppressed, it is quite common to have the reply 'Oh, I'd forgotten it was on'. The worst—no not the worst—but one of the drawbacks of continuous so-called entertainment for a pound a year. It seems only too probable that the onset, or invasion, of television will bring us all down to the same deplorable helpless level.

It was soon evident also, that, perhaps unavoidably and due to over-crowding, the incomers, despite their amenities of taps and tins and switches were not used to the same standard of cleanliness as even those in the country who have to draw and carry water, and bath with a bucket. Infestation, internal, external, or both was widespread. We share fleas at times with our furred or feathered friends, and sometimes even harbour a few nits in a friendly way, but seldom indeed all the other 'things'.

Their sense of humour seemed a bit less subtle and more of the banana-skin-Mother-in-law-kipper type; though the unsmiling explanation of a nasty jagged wound, 'Another lady bit me', might have come straight from the dear old Boro'. Perhaps it is not really kinder to call, as we do, the least well favoured of our locals 'Prairie Flower'. Going back to taps, we had in the house at one time, two newcomers, one from the furthest wild; the other from the most up-to-date of industrial cities. The former, familiar only with paraffin and logs; the latter with nothing more primitive than electricity. Neither dared to light the gas, fearing an exterminatory explosion and unable to recognise that it is a nettle better grasped early than late. Even with the adventure of ignition achieved, it was difficult to convince the country lass that the stuff is less lethal lit than when blown out. There is another gas-stove story, should you persevere, but that comes under 'welfare state',—or perhaps not. Who runs may read if the serial still does. She was a beautifully clean girl, but was used to buckets and had never seen a full sized bath. When first offered the hospitality of ours, her comment was, 'What, get INTO all that water, not me.'

GUY'S THEATRE CLUB

A MIDSUMMER BALL
will be held on Thursday, 24th June, 1954
from 7.30 p.m.—1 a.m.
at Bush House, Aldwych, W.C.2.

Bar open until 1 a.m. Evening Dress

Double Tickets price Thirty Shillings, inclusive of Buffet Supper, may be obtained from :—

*The Hon. Secretary, Guy's Theatre Club, Guy's Hospital, S.E.*1.

HEARD AT SURGICAL OUT-PATIENTS'

Male Patient : . . . and then I vomited about 1½ pints of blood.

Surgeon : Did that alarm you ?

Patient : Not very much for myself.

Surgeon : But surely you were a bit disturbed ?

Patient : Well . . . yes, but what really frightened me was what the wife would say when she saw it.

Surgeon : (*Aside to students*) A commentary on modern marriage.

CORRESPONDENCE

Letters to the Editor of the Gazette

University Education

SIR,—I read with interest the letter of P. R. S. Johnson, printed in the 6th of March issue of the *Gazette*. I agree that all forms of university education lack the community spirit unless the student is able to be in residence in the teaching institution. An essential part of education, even though it be as highly specialized as medicine, is the participation of the student in extra-curricular activities which are more easily available and usually more numerous in residential colleges. There are also practical reasons in favour of " being in residence," and the most obvious one is the proximity of the residence to the educational facilities. In London, this is very important because only a minority are able to reside in the vicinity of London Bridge while the majority spend valuable time travelling from all over London and the home counties to Guy's each day. Finally, residence promotes comradeship and good fellowship in college which is not as easily appreciated by students living in digs.

Apparently the situation at Guy's today is no better in this respect than it was between 1940 and 1945, and I have always been grateful for the opportunity of being able to live in the old hostel behind the superintendent's office even though it was a dilapidated old building.

It is interesting to note that almost all American universities and colleges provide the opportunity for students to be in residence whether living in residential halls, or fraternity and sorority houses. However, in British universities, apart from Oxford and Cambridge, it is rather the exception than the rule. In this respect, it seems that American universities and colleges have attempted to produce something similar to the college system at Oxford and Cambridge.

I think that Guy's should seriously consider providing adequate residential facilities for medical and dental students, especially now when rebuilding programs are being considered.

Yours etc.,

ROBERT G. WALTON.

918 15th Street,
Modesto,
California.

The Eleven Thousand Virtues of Coventry

SIR,—Would Dr. R. E. Smith elaborate for us the tale of the eleven thousand virgins from Cologne who visited the robust city of Coventry and left their virtues there? Present day bus convoys from the north are nothing to it.

It does not seem quite clear whether the story glorifies Coventry.

Yours etc.,

G. W. DRYLAND.

Kington,
Herefordshire.

The Authority of the Bible

SIR,—May I, through the courtesy of the *Gazette*, draw attention to a talk to be given by Professor J. N. D. Anderson, O.B.E., M.A., Ll.B. (Professor of Oriental Laws, University of London), in the Physics Theatre, at 5 p.m., on Tuesday, 15th June, entitled " The Authority of the Bible."

All members of the Hospital community will be warmly welcomed to the meeting.

Yours etc.,

DENNIS C. HUMPHREY,

Hon. Secretary, Guy's Hospital Christian Union.

REVIEWS

A Synopsis of Children's Diseases. By J. RENDLE-SHORT. John Wright & Sons Limited. 600 pages. *Price* 30*s.*

The reviewer of a synopsis has a difficult task for it is not intended to be read in cold blood from cover to cover, but should be tried out in its proper function as a quick reference book or for revision of knowledge before an examination.

This astonishing concentration of facts, expressed in almost note form and set out in the manner of the well known synopsis of general medicine by Letheby-Tidy, can be confidently recommended to those who are prepared to use it in the right way. Although some of the material is, as the author says, drawn directly from current text books, there is also much which is condensed from wider reading and experience, for example, the section on burns.

Most space is rightly given to those diseases which are peculiar to childhood, so the reader should not mind that (for instance) there is no mention of myasthenia gravis.

The sections on the development of the normal child and on infant feeding are especially well written and the chapter on diseases of the genito-urinary system is outstanding. Everything is there from modern views on circumcision to the detailed treatment of anuria. But I wish the author had not felt it necessary to include an inadequate ten-page chapter entitled " Psychological Disorders." He deals well with mental defect but dismisses behaviour disorders in a mere page, which makes the subject seem much too easy—a little isolated segment of pædiatrics instead of a complex influence affecting every sick child—however " organic " the disease.

This synopsis undoubtedly fills a gap amongst British textbooks of pædiatrics and it can be heartily recommended for those taking the Diploma of Child Health who need quick revision and as a useful reference book for the children's doctor in a hurry.

D.G.V.

Pharmacology. By J. H. GADDUM. Fourth edition. Oxford Medical Publications. *Price* 35*s.*

Six years have elapsed since the previous edition and this book has undergone extensive and complete revision. All the sections are remarkably up-to-date and even such a recently introduced drug as Nalorphine receives a mention. The aim of the book, as stated by the author in the preface to the first edition, is the presentation of general principles at a stage in the curriculum before they are obscured by a mass of practical detail. Professor Gaddum has admirably succeeded in giving a clear and concise presentation of the fundamentals of pharmacology and as such it forms the ideal textbook for the student in the pre-clinical years. However, the application of these principles receives little attention which accounts for its limited appeal to the student during the clinical period of study. More frequent excursions into the field of therapeutics would make the book of more value to the clinical student and would stimulate the interest of the pre-clinical student in the application of these principles. The approach to the subject, by dealing with the action of drugs on physiological systems, is an excellent one. This leads to a clearer understanding of the subject than the memorising of a list of actions of individual drugs.

Criticisms of this book are only of a minor nature. Few would agree that " Insulin is also used, like Leptazol, to cause therapeutic convulsions in psychiatry " (page 79). On page 83 perhaps the value of calcium salts rather than parathyroid extract should be stressed in the immediate management of tetany. The final chapter dealing with biological standardization is the best available introduction to this difficult subject. The additional material introduced into this section of the new edition, though of importance to the pharmacologist, makes this chapter a little more difficult for the average student.

" Gaddum " has established itself as the standard introduction to pharmacology and may be confidently recommended to all students.

I.E.E.

SPORT

CRICKET

Cup Match

Guy's v. Westminster Hospital

Result : Won by 6 wickets.

Guy's

Cooke, N., c. Crowe, b. Chalmers	20
Lipington, D., b. Chalmers	14
Atkinson, D., l.b.w., b. Chalmers	4
Gunn, A., c. Crowe, b. Relton	3
Mackenzie, not out	32
Chignell, M., not out	9
Howells, W., did not bat	
Bissoon-Dath, H. did not bat	
Williams, M., did not bat	
Lyon, M., did not bat	
Willis, M., did not bat	
Extras	6
Total for 4 wickets	88
Westminster	86

Bowling	O.	M.	R.	W.
Lyon, M.	13	6	16	3
Mackenzie, M.	54	1	31	2
Atkinson, D.	6	3	9	3
Willis, M.	7	4	12	2
Bissoon-Dath, H.	2	—	10	—

Guy's v. Ashford

Result : Lost by 3 wickets.

Guy's

Cooke, N., b. Flower	41
Knapman, W., b. Holdstock	1
Williams, M., c. Martin, b. Nelson	38
Chignell, M., c. Martin b. Holdstock	10
Mackenzie, M., c. and b. Nelson	10
Gunn, A., b. Martine	10
Bissoon-Dath, H., not out	63
Millar, J., c. Poskett, b. Holdstock	5
Owen, R., b. Flower	3
Gornall, J., c. Coxall, b. Holdstock	13
Lyon, M., b. Nelson	0
Extras	10
Total	214
Ashford for 7 wickets	216

Bowling	O.	M.	R.	W.
Lyon, M.	19	4	65	3
Mackenzie, M.	20	6	84	3
Owen, R.	7	—	22	—
Cornall, J.	4	—	18	—
Bissoon-Dath, H.	2	—	13	—

Guy's v. Ashtead

Result : Won by 4 wickets

Guy's

Owen, R., c. Whitney, b. Weller	7
Cooke, N., c. Rankin, b. Burnand	1
Atkinson, D., c. and b. Weller	53
Chignell, M., c. Renwick, b. Weller	5
Mackenzie, M., not out	67
Lipington, D., c. and b. Weller	2
Howells, W., b. Henty	17
Gunn, A., not out	21
Knapman, W., did not bat	
Lyon, M., did not bat	
Willis, M., did not bat	
Extras	7
Total for 6 wickets	180
Ashtead	179

Bowling	O.	M.	R.	W.
Lyon, M.	13	3	55	2
Mackenzie, M.	12	—	77	4
Atkinson, D.	4	—	35	2
Willis, M.	3.2	1	8	2

LADIES' LAWN TENNIS

Guy's v. University College Hospital

Saturday, 1st May
At Honor Oak Park
Result—Lost 4–5

Guy's v. Daleham and Waverley

Wednesday, 19th May
Away
Result—Lost 7–0 and 2 matches drawn

1st Round of Inter-Hospitals' Cup

Guy's v. Bart's.

Saturday, 22nd May
At Honor Oak Park
Result—Won 5–4

HOSPITAL INFORMATION

APPOINTMENT VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for the appointment of **Senior Registrar in Paediatrics** (whole-time). Duties at Guy's or the Evelina Hospital to commence on 1st October, 1954. Forms of application, obtainable from the Superintendent, Guy's Hospital, should be forwarded not later than the **12th June, 1954.**

HOUSE APPOINTMENTS

1st June, 1954

Assistant House Surgeons

To :	
Mr. Blackburn	Mr. M. R. Alderson
3 months	
Mr. Lawrie	Miss S. Mullally
Mr. Glover	Mr. N. A. G. Leadbeater
Mr. Brain	Mr. E. E. D. Tomlin

Appointed for 6 months, the first 3 months as A.H.S.

Assistant House Physicians

To :	
Dr. Douthwaite Dr. Hardwick and Dr. Bishop	Miss B. A. M. Allen
To :	
Dr. Boland Dr. Baker and Dr. Houston	Mr. P. R. Lyon
To :	
Dr. Hampson Dr. Kauntze and Dr. Grant	Miss J. E. Banbury
To :	
Dr. Mann Dr. MacLean and Dr. Campbell	Mr. O. Morton

Appointed for 6 months, the first 3 months as A.H.P.

Out-Patient Officers

Mr. R. W. Edmonds   Mr. E. Moran
Mr. P. J. Frost   Mr. D. E. Tunnadine
Mr. E. R. Gibbons

3 months

House Surgeons

To :	
Mr. Massie	Mr. J. Scorey 3 *months*
Mr. Eckhoff	Mr. J. C. C. Kendall 6 *months*
Mr. Atkins	Mr D. B. Longmore 3 *months*
Mr. Wass	Mr. C. Bishop 6 *months*

House Physicians

To : Dr. Douthwaite Dr. Hardwick and Dr. Bishop	Mr. P. K. M. Barrett 3 *months*
To : Dr. Boland Dr. Baker and Dr. Houston	Mr. R. G. Orr 3 *months*
To : Dr. Hampson Dr. Kauntze and Dr. Grant	Mr. R. W. P. Yates 6 *months*
To : Dr. Mann Dr. Maclean and Dr. Campbell	Mr. J. R. Rees 6 *months*

Resident Obstetricians

1. 1.54—30. 6.54	Mr. G. Evans
1. 3.54—31. 8.54	Miss M. Purser
1. 5.54—31.10.54	Mr. A. S. F. Butcher
1. 7.54—31.12.54	Mr. I. C. Fuller

Ophthalmic House Surgeon
(Non-Resident)
Mr. S. Ahmad   3 *months*

Throat and Ear House Surgeons
Mr. C. J. Pattinson
3 *months at Orpington*
Mr. K. A. Hillard
3 *months at Guy's then* 3 *months at Orpington*

Dermatological House Physician
(Non-Resident)
Mr. W. P. N. Moore   6 *months*

Genito-Urinary House Surgeon
Mr. N. C. Brooks   6 *months*

Neurological House Physician
Mr. K. J. Zilkha   3 *months*

House Surgeon to the Thoracic Unit
Mr. R. Y. Calne   6 *months*

Children's House Physicians
Mr. A. D. Tuddenham   3 *months*
Mr. D. Harris   6 *months*

House Physicians to the Department of Medicine and Resident Junior Clinical Pathologists
Mr. D. G. Montefiore   3 *months*
Mr. W. S. Lund   6 *months*

House Physicians in the York Clinic
Mr. L. J. Bishop   6 *months* (from 1.5.54)
Mr. I. P. James   6 *months*

Resident Anæsthetists

7.1.54— 6.7.54	Mr. J. H. Kerr
20.3.54—19.9.54	Miss J. E. Brett
7.7.54— 6.1.55	Mr. J. H. Kerr

R.M.O's in Nuffield House

18.3.54—17. 9.54	Mr. P. G. Dunbar
8.4.54— 7.10.54	Mr. D. A. F. McGill

Orthopaedic House Surgeons
For duties at Orpington and Guy's
Mr. D. L. Smithson   6 *months*
Mr. M. W. Potts   6 *months*

ORPINGTON HOSPITAL

House Surgeons
Mr. J. G. P. Hunt   Mr. D. C. Linahan

PEMBURY HOSPITAL

House Surgeons
Mr. H. C. Meredith   1 vacant

LEWISHAM HOSPITAL

House Surgeon :   Mr. L. Stimmler

ST. JOHN'S HOSPITAL, LEWISHAM

House Surgeon :   Mr. E. G. Palmer
House Physician :   Mr. G. J. R. Clarke

ST. OLAVE'S HOSPITAL

House Surgeons
Mr. J. W. Kirkbride   Mr. V. C. J. Barker

JOYCE GREEN HOSPITAL

House Physician   Vacant

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeons
Mr. J. C. Burt   Mr. A. J. Pearson
House Physician   Mr. C. W. Pook

ROYAL COLLEGE OF PHYSICIANS OF LONDON

F.R.C.P.

K. S. McLean

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Charles Tomes Lecturer

Professor M. A. Rushton has been appointed Charles Tomes Lecturer for 1954.

UNIVERSITY OF LONDON

Dr. F. E. Camps has been appointed to the part-time University of London readership in Forensic Medicine tenable at London Hospital Medical School.

NURSING STAFF APPOINTMENTS

Sister B. E. M. Warne, appointed Night sister *Caleb-Diplock.*

Staff Nurse E. L. Barton, appointed to *Ruth* Ward.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 *line* 2*s.* 6*d.* 3 *lines* 6*s. Box Numbers* 6*d. extra.*

Ordinary rates :
1 *line* 6*s.*, 4 *lines* 20*s. Box Numbers* 9*d. extra*

Replies to Box Numbers should be addressed to Gazette *Office, Guy's Hospital, London, S.E.* 1.

Wanted

SECOND HAND Guy's Dental Cabinet (New Style). Carr, 89 Regent Street, Cambridge.

SURGICAL ANATOMY by Grant Massie. Copy wanted urgently. Box 53.

WILKS & BETTANY. History of Guy's (2 copies). Box 47.

For Sale

CORGI Motor-bike, £25. Good condition. Box 51.

DISARTICULATED SKULL in Box. Good condition, £8 10*s*. Box 52.

HALF SKELETON £9. Box 50.

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

April, 1954
I. E. Evans

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

L.D.S.

Second Examination.
April, 1954.

Mona Galtung
J. B. Gray
J. F. Groves
L. B. Lux
R. C. Moyse
J. Neave
J. F. H. Rylance
E. J. Taylor
Monica R. Perkins

SOCIETY OF APOTHECARIES OF LONDON

April, 1954

Surgery

P. F. Stebbing
*K. P. Walker

Midwifery

*L. R. Jenkins

*Have completed the examination.

GUY'S HOSPITAL MEDICAL SCHOOL

The Treasurer's Medal and Prize in Clinical Medicine, 1954,

B. H. B. Robinson	Medal and Prize.
P. S. Boulter	Certificate.

Charles Forster Prize in Cardiology, 1953-54.

M. Kinsbourne	Prize.
D. J. Palmer	Certificate.

NOTICE

FOUND—At the Students' Union Summer Dance—One Black Waterman fountain pen.

Also Found—One Blue and Red silk square.

LOST—One Black knitted woollen stole.

Would those who know about these or other items lost or found at the Summer Dance please contact the Hon. Secretary, Students' Union.

PAPERS BY GUY'S MEN

Bullied, Arthur. A Symposium on Calculus. The Bacteriological Aspect. *Dent. Practitioner*, 1954, **4**, 224.

Butterfield, W. J. H. The Endocrine Response to Burning Injury. *Proc. R. Soc. Med.*, 1954, **47**, 228.

Cosin, L. The Place of the Day Hospital in the Geriatric Unit. *Practitioner*, 1954, **172**, 552.

Falconer, M A. First and Second Division Trigeminal Neuralgia Treated by Intramedullary Trigeminal Tractotomy. *Proc. R Soc. Med.*, 1954, **47**, 299.

Fourman, Paul. Interpretation of Electrolyte Changes in the Blood. *Brit. med. J.*, 1954, i, 1144.

Guerrier, H. P and Greenburgh, H. Salmonellella Cholerӕsius Osteomyelitis. *Brit. J. Surg.* 1954, **41**, 457.

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BIRTHS

BAIRD.—On 15th May, 1954, at the Fenwick Hospital, Lyndhurst, to Sheila (nee Hornby), wife of Hugh M. Baird, M.B., B.S., D.Obst.R.C.O.G., a daughter (Helen Diana).

BROMLY.—On 16th April, 1954, at Guy's Hospital, to Sheila (nee Chandler, S.R.N.), wife of Ivan Bromly, a daughter (Sarah Marina).

CLARK.—On 12th April, 1954, at Burnley, to Barbara (nee Lowther), wife of D. W. Clark, M.B., B.S., F.F.A.R.C.S., a son (Michael Lowther).

DUNBAR.—On 18th May, 1954, at Guy's Hospital, to Anne (nee Shearcroft), wife of P. G. Dunbar, M.B., B.S., a daughter.

MENZIES.—On 10th May, 1954, at the Maternity Home, Colchester, to Jean (nee Barclay, M.S.R.), wife of Colin J. G. Menzies, M.B., D.R.C.O.G., a son (Graeme Grant).

ROSS.—On 14th May, 1954, at Bromley Maternity Hospital, Kent, to Margaret (nee Heath), wife of Allan Ross, B.D.S., M.R.C.S., L.R.C.P., a daughter (Madeline Veronica), a sister for Jacqueline and Vivienne.

STILL.—On 3rd May, 1954, at the Halifax Infirmary, Halifax, Nova Scotia, to Helen (nee MacKissock), wife of Hereford Still, M.A., M.B., B.Chir., a daughter (Janet Elizabeth).

MARRIAGE

TOMKINSON — PILKINGTON. — On 31st March, 1954, in London, John Stanley Tomkinson, to Barbara Marie Pilkington.

DEATHS

FERGUSON.—On 9th March, 1954, George Coutts Ferguson, L.D.S.R.C.S., of Wood Lane, Ruislip, Middlesex.

SIDEBOTHAM.—On 10th May, 1954, Francis Nasmyth Sidebotham of Bendarroch, Ottery St. Mary, Devon, aged 61 years.

WILSHIRE.—On 16th May, 1954, at University College Hospital, after much suffering bravely born, Basil H. Wilshire, M.R.C.S., L.R.C.P., D.A., L.D.S.R.C.S., aged 36 years, dear husband of Anne and loved only son of Mr. and Mrs. Roger G. Wilshire of 52 Upper Brook Street, W.1, and Sanderstead, Surrey.

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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PASSIM

How many miles to Babylon ?
Three score miles and ten
Can I get there by candlelight ?
Yes, and back again.

WE have recently noted and deplored the frequency with which doctors and hospitals have become the target of legal action. The man of law must surely find these claims for negligence to be a fertile forensic field as, whichever side is poorer in such actions, the lawyer always stands to gain.

The public attitude to the doctor and his fallibility is yearly becoming sterner. The other day, a passage in Dorothy Fisk's *Bouquet for the Doctor* (a delightful new book on medical history) gave us some uneasy thoughts. Is the wheel of public retribution turning full circle ? Babylon, 4,000 years ago, had indeed solved the problem of professional negligence. Clause 218 of the Code of Hammurabi seemed too topical by far :

> "If the doctor operates on a wound with a copper lancet and the patient dies, or on the eye of a gentleman who loses his eye in consequence, his hands shall be struck off."

Suppose for a moment that the Code came back into force. How much could our legal brothers earn for telling the judge and jury that our lancets were not culpable, being stainless steel ?

All Guy's men and women, together with his innumerable friends, will join with us in congratulating Mr. R. C. Brock on the honour of Knighthood to be conferred on him by Her Majesty the Queen. The announcement was published in the Birthday Honours List on 10th June.

Our Passim in the last issue of the *Gazette* has brought us two letters of opprobrium. They are printed in this issue. While we agree with some of the sentiments expressed (at any rate in the less insulting of these letters) we respectfully point out that some of the writers appear to have missed the point of our comments completely. We did *not* suggest that councils should award marriage allowances ; this never entered our minds. We intended to imply our disgust at any public body seeking to exert its authority in the way that West Suffolk has done.

We agree that the service of education committees is essentia. and, further, that their members are competent and educated peoplel

However, we cannot agree that their jurisdiction should, in any way, be permitted to extend into the private lives of the students who are their beneficiaries. Certainly not as long as the students concerned continue to fulfil their academic commitments.

Later this month, and early in July, we welcome to Guy's a visitor from Australia. He is Professor Bruce T. Mayes, who is this year's Sims-Black Travelling Professor of the Royal College of Obstetricians and Gynaecologists. Professor Mayes will lecture on " Breech Delivery " on Monday, 28th June, and his lecture will be accompanied by a film.

It is of special interest to us at Guy's to meet the second Sims-Black Travelling Professor, as the first was Mr. Gibberd who toured the Antipodes two years ago.

We congratulate Surgeon Rear Admiral (D) L. B. Osborne who has been appointed Director of Naval Dental Services. Admiral Osborne is also very well known in Rugby circles. For three years he was Chairman of the England Selectors and has also managed overseas touring teams in addition to having had a distinguished playing career.

During the last few days the registrar strength of the Hospital has been depleted by the departure of Dr. David Vulliamy and Mr. B. B. Milstein. They have gone to appointments at Great Ormond Street and the Brompton Hospital respectively. Guy's will miss them both, but we much hope to see them back here from time to time.

The multitude of friends made by Harry Brunow during his years at Guy's will be sorry to hear that he has recently been seriously ill. We know that they will join us in wishing him a speedy and complete recovery.

We note with great interest that on May 28th, a clinical lecture was given by Mr. Christopher Salmon, a lecturer in Philosophy. Perhaps this marks the dawn of a new and more liberal interpretation of medical education.

The *Guy's Hospital Gazette* is, we think, unique among hospital journals in being published regularly every fortnight. The familiar white paper cover, although not so decorative as those of some of our less frequently produced contemporaries, is also of interest. We believe that the only other medical journal carrying a cover of the same paper as that used for the editorial pages is the *Lancet*.

Our readers will note with satisfaction that the fortnightly circulation of the *Gazette* is now 4,600—the highest figure yet achieved. Old Guy's men and others who may be interested in the *Gazette*—particularly among the Nursing Staff— may like to know that a sample copy will be sent free of charge on application to the *Gazette* Office, 6 St. Thomas Street, S.E.1.

GUY'S DIARY

JUNE			Exhibition. Department of Surgery. *Head Injuries.*
14th	M	1.00	Mr. R. O. Holland. Dental Clinical Lecture.
15th	T	10.30	Clinical Meeting. B.M.R. Department.
		1.00	Dr. Lawson Wilkins (Associate Professor of Paediatrics, Johns Hopkins Hospital). Clinical Lecture. *Constitutional variations and endocrine disorders of sexual development.*
17th	Th	2.30	Out-Patient Demonstration. Out-patient Department, 2nd Floor.
		5.00	**The Addison Lecture.** Dr. Lawson Wilkins.
		5.00	X-ray Meeting. Gordon Museum.
18th	F	1.00	Dr. MacLean. Clinical Lecture. *Meningitis.*
		2.15	Combined Round. Pre-clinical Classroom.
21st	M	1.00	Dr. Lawson Wilkins. Clinical Lecture. *Diagnosis and treatment of Adrenogenital Syndrome.*
22nd	T	1.00	Professor W. R. Spurrell. Clinical Lecture. *Alpha and Omega.*
24th	Th	1.00	Dr. Moynahan. Clinical Lecture. Mr. L. Willmore. Dental Clinical Lecture. *Abnormal Speech.* Illustrated by recordings.
		5.00	X-ray Meeting. Gordon Museum.
25th	F	1.00	Dr. W. N. Mann. Clinical Lecture. *Peptic Ulcer.*
28th	M	1.00	Professor Bruce T. Mayes (Professor of Obstetrics and Gynaecology at the University of Sydney). *Breech Delivery.*

OBITUARY

FRANCIS NASMYTH SIDEBOTHAM, M.D., B.Chir., M.R.C.S.(Eng.), L.R.C.P.(Lond.).

The untimely death on 11th May, of Frank Sidebotham, while recovering from a severe operation, robs Devonshire of a very fine general practitioner and many of us of our best friend.

Born in 1892 in Bowden, Cheshire, he was orphaned when young and brought up by his uncle the late Dr. Edward Sidebotham of Earlsdene, Bowden. He was educated at Charterhouse, Clare, Cambridge (where he took second honours), and Guy's.

He was a good athlete, beautifully built, and represented his school at athletics and played football for Charterhouse, Old Carthusians and Cambridge. He was a keen and skilful fisherman.

At the outbreak of war in 1914, he was with difficulty persuaded not to enlist at once, but to qualify. He took his finals in 1916 and served in the R.A.M.C. in India, Mesoptamia and Palestine, after being torpedoed in the Mediterranean and shipwrecked in the Red Sea. After demobilization, he married Agnes, daughter of the late Mr. and Mrs. Edmund Traill of Argentina, with whom he lived in perfect happiness.

He returned to Guy's and, working under Dr. Hector Cameron, whom he greatly admired, took his M.D. in 1922. He bought a practice in Ottery St. Mary, which he rapidly increased, and was soon joined by two old friends, his brother-in-law, Dr. R. R. Traill and Dr. T. E. Micklem, and recently by his elder son, Dr. J. F. N. Sidebotham, all of Guy's, in a partnership which was broken only by his death.

He was the ideal general practitioner for, besides a good knowledge of medicine and excellent judgment, he had charm and the gift of bringing peace and comfort to his patients. His unfailing kindness and his wise advice in all their troubles made him widely respected and greatly loved.

He left his work a month ago, as calmly as if for a week-end's fishing and it is hard for the patients who leant on him, for those who worked with him, and for his many friends, fully to realize their irreparable loss.

Our sympathy goes out to his wife, his two sons, both practising in Devon, and his daughter who survive him.

R.R.T.

MEDICAL MISPRONUNCIATION (II)

by

H. St. H. VERTUE, D.M.

I append now a few examples of words that are frequently or invariably mispronounced, illustrating errors of which some have sprung up recently and all could be set right without trouble.

Abdŏmen for abdōmen, a new mistake that is spreading rapidly. Hear Juvenal,

> *Atque bonam tenerae placant* abdōmine *porcae*
> *Et magno cratere deam.* (II, 86-7.)

The human belly, of not less worth than that of a sow offered as a sacrifice to the Bona Dea, should be accorded vowels of proper length.

Adrennalin for adrēnaline and splennic for splēnic.

> Masculine are rēn and splēn,
> Pecten, delphine, attagen.

With this little rhyme from the Latin Grammar so well known, why do many men now shorten the *e* of *rēn* and *splēn* ? *Adrenaline* in fact is a word that does admirably for stressing the importance of pronouncing a technical term in the right way. Socrates divided names into primary and secondary sorts. When mind was simple, as in the early days of man, names were imitative, like the *bow-wow* and the *ding-dong* of a child's vocabulary ; but when man arrived at such a high degree of civilization as to construct for himself scientific terms, he had to employ his intelligence in the invention of new names for things that are by nature far from simple and that require careful discrimination one from another : such a name is *adrenaline*, a secondary elaborately and exactly built from primaries.

" I think that you will acknowledge with me " said Socrates, " that all the names that we have been explaining indicate the nature of things." " Of course " agreed Hermogenes. " And the secondary names derive their significance from the primary ? " " That is evident." (*Cratylus*, 422.)

In the secondary that we are considering the suffix *-ine* is by a convention of the chemists applied to alkaloids or the like ; *ad* is Latin for at ; *rēn* means kidney ; *-alis* is an adjectival termination, and *glandulae*, glands, is a word to be understood. Construe the whole as " An alkaloid or the like of the glands at the kidney." (" Above the kidney," *suprarenal*, would have been better.) To mispronounce the central and most important word *rēn* is to falsify the name ; and it is also unintelligent. We might then proceed further in the Socratic vein.

" Is intelligence a good thing or a bad ? " " A good." " Is it right to make use of what is good ? " " Certainly." " And he who does right will be a good man ? " " Of course." " Then those who do not use their intelligence over the pronunciation of words will not be good men ? " " Assuredly not, Socrates."

These principles we might bear in mind when considering the other mistakes that I am going to mention. A very good man using the word *adrenaline* would take care to remember that not only the *e* but also the *a*, derived from the Latin suffix -alis, is long, as in the *musculus pyramidālis* or the *filum terminālе*. Cratylus himself would surely have spoken of *adrēnāline* and would have asserted that " adrennalin " was not a name at all. But Cratylus was a philosopher, a follower of Heracleitus, and there are plain good men with whom we shall be content if they will but say " adrēnaline." Finally one must emphasize that adrenalin*e* is the correct spelling, not adrenalin. (*Vide* Gibson, 1936, p. 323.).

Ammy noffilin for amīnophýlline. This is a barbarism equalled by few and surpassed by none. *Aminophylline* is a portmanteau word signifying a solution of *theophylline* in *ethylene diamine*. The substance *theophýlline* is a purine base obtained from a leaf (tea-leaf), for which the Greek word is phulle, and in the compound this accent on the penultimate syllable should hold its place. In the other moiety, *amīno*, derived from *amine*, the long *i* should be preserved, just as it is, say, in *amīno-acid*. The consociation of these two words is bizarre. On the one hand he who coined " *theophýlline* " evidently believed that tea is God's leaf, for he formed the name upon the analogy of *theobromine*, a related purine which takes its name from the cocoa-tree, *Theobroma*, God's meat. Perhaps also *theine*, an obsolete name for the purines of tea, helped to form the name by attraction.

Now stir the fire and close the shutters fast,
Let fall the curtains, wheel the sofa round,
And, while the bubbling and loud hissing urn
Throws up a steamy column and the cups
That cheer but not inebriate wait on each,
So let us welcome peaceful evening in.

On the other hand from the burnt dung of herbivorous quadrupeds the Egyptians manufactured *sal ammoniac*, named after their ram-faced deity Ammon or Hammon; and thence comes the *amine* or substituted ammonia, which has lost some syllables, but acquired a termination with a long vowel, *īne*. Very well then, *amīnophýlline*, compounded of burnt camels' dung and aromatic tea-leaves, should present no difficulty in pronunciation.

Angīna for angĭna pectoris. Since *angĭna* has a short *i*, it is odd that almost everyone should make the mistake of lengthening the vowel, unless perchance he is speaking of a *status anginosus*. Dr. Douthwaite, in the memorable essay recalled in the Gazette not long ago, opens with the words : " I have chosen the subject of angina pectoris because it is one of the most tragic diseases of which we know," and therein he adheres to the correct name of the disease, which is also one easily pronounced in the right fashion. The real meaning of the medical term *angĭna* is severe sore throat. " Ut hoc autem morbi genus circa totam cervicem, sic alterum, aeque pestiferum acutumque, in faucibus esse consuevit. Nostri *anginam* vocant " (*Celsus*, IV, 4). It takes origin from the same root as the verb *ango*, to squeeze or throttle.

Hic Cacum in tenebris incendia vana vomentem
Corripit, in nodum complexus et angit inhaerens
Elisos oculos et siccum sanguine guttur. (Aen. VIII, 259-261.)

Hercules clung to the neck of the monster Cacus, squeezed his eyes out and throttled him. Two sorts of sore throat are recognized in clinical medicine bearing the name *angina:* Ludwig's, a cellulitis of the neck complicating scarlet fever in days gone by and Vincent's, still familiar. But the verb *ango* also connects distress of mind.

Nequiquam, quoniam medio de fonte leporum
Surgit amari aliquid, quod in ipsis floribus angat. (Lucr. IV, 1133-4.)

" All in vain, for out of the very well-spring of delight there rises a bitterness, in the very flowers there lurks an anguish ! " In sum, then, the term *angĭna pectoris* describes a constriction of the chest, a throttling and an anguish, especially the anguish of mind for which the phrase *angor animi* is still sometimes employed. No better example could be found of the power of a word to pullulate ; nor could any word be better chosen for the purpose here designed. Have done, then, with the hospital slang " angīna " and say instead " *angĭna pectoris.*"

Jerry Attricks for gēriātrics (with hard g). When a gentleman sat himself beside me with the information that a committee had been formed to deal with Jerry Attricks, I supposed that here, maybe, was some person who had purloined the hospital's beef and had been threatened with dismissal or, more optimistically, that he had bequeathed to the hospital a part of his estate together with the ever-recurring minute " Concerning Jerry Attricks, deceased " ; but gradually the notion became clear that what the speaker had meant was *gēriātrics* (with hard *g*). There are two Greek words to consider first, which look much alike : there is *gēras*, γῆρας, old age, and there is *gĕras*, γέρας, honour, spoil, gift. As it is old age with which medicine is concerned and not gifts nor spoil nor honour, it is important to preserve the long *e* ; and of course the *g* is hard, for it always is in Greek. The second part of the word that we are examining is well enough known on account of the established term *paediatrics*, through which we should have become accustomed to the long *a*. The parent word there is *iātros*, a healer, and *iātricos* is an adjective derived therefrom ; *paediatrics* therefore is to be construed as " child-healing things " and *gēriātrics* (with hard *g*) as " age-healing things." The curious plural form is probably a reminiscence of the names given to some of Aristotle's treatises, the Physics, the Metaphysics or the Analytics ; but one could equally well use the singular, understanding the noun *techne*, art, and speak of *paediātric* or *gēriātric* (with hard *g*) just as one does of logic, music or arithmetic. But in as much as we do not in truth *heal* old age, which is a natural and irreversible process, *geriatrics* is not an accurate description and therefore not a good name. A better one was the " Gerocomica " of Sir John Sloyer, title of a once famous treatise published in 1724 : it means " things of the care of old age." Yet still better would be *gerocomia*, " care of old age," from *komeo*, to care for. The new name *geriatrics* should receive a welcome all the same, for it has ousted the former dreadful misuse of the word " chronic." " Mr. Pecksniff ! " cried Mrs. Todgers, " what a ghastly smile ! Are you ill, sir ? " He pressed his hand upon her arm and answered in a solemn manner and a faint voice, ' Chronic. ' One heard of " chronic beds " and " chronic wards " and " chronic sick." Now, an illness may be chronic or a patient may be chronically ill, but he cannot be " chronic sick." Strange indeed is the language used about the old ! One hears of one that he is " suitable for part four accommodation " : what *can* that mean ? Of others they say that they are " frail and ambulant." It is rather a charming phrase, reminding one so of Catullus (LV)—but misleading.

Leucopaenia, lymphopaenia, etc. for leucopĕnia, lymphophĕnia, etc. *Pĕnomai* is a verb meaning to work for hire, to be a day-labourer, to be needy ; *pĕnes* is an adjective derived therefrom and pĕnia signifies poverty. The *e* here is short, and if it be lengthened, these words are deprived of meaning. Sometimes one even sees the spelling " lymphopaenia," " thrombocytopaenia," etc., as if there had been confusion between the Greek *pĕnia* and the Latin *paenuria*. Although *pĕnia* now has its place in the vocabulary, I doubt whether it is always the best choice, for poverty is not usually the meaning intended but more often simply lack, for which the Greek is *spanis*. For example, if an organ lacks blood, as may happen to the lungs in certain cases of congenital disease of the heart, *spanaemia* is the correct term to use ; and I only regret that a Professor of Greek has been before me here with " oligaemia," a feeble collection of syllables indicating a small quantity only and not a lack. (Perhaps he was playing down to his audience.) But now that *pĕnia* has come to stay, it should be pronounced in the right way at least.

Līpoid, līpochrome for lĭpoid, lĭpochrome, etc. *Lĭpos* is the name for fat of any sort, whereas *stear* is hard fat, L. *sebum*, and *pimele* is grease, L. *adeps*. The root *lip-* seems to express both the glistening and the oiliness of fat, for there is an adjective *lĭparos*, shining, with short *i*, which has to be distinguished from *līpares*, earnest, in which the *i* is long : ὁ λῐπαρὸς Λῑπαρὴς would be Glistening Earnest. It is important therefore to preserve the short *i* in *lĭpoid*, *lĭpoma* and similar words, and it is as easy to pronounce them in the right way as in the wrong.

Pennicillin for pēnicillin. The word *pēnis* originally meant a tail. Thence came *pēniculum*, meaning a brush ; for tails were early in use as brushes, as we may tell from the surviving use of the word " brush " for a fox's tail. A *pēnicillum* is a double diminutive and it means a paint-brush. Some old botanist, fancying a resemblance between a paint-brush and the mycelia of a fungus, named a genus of moulds *Pēnicillum*. Every one knew it in days gone by from the blue-green mould of cheese, *P. glaucum* : how then, when the scarcer but much more important *P. notatum* gave us that invaluable antibiotic *pēnicillin*, did the name become degraded ? I suspect that the workers in this field were careless about the significance of the name when they adopted it, and so unwittingly exhibited to the world the present melancholy estrangement between medicine and learning. However, there is not the least difficulty in saying " pēnicillin " and thereby indicating the wish for reconciliation.

Powley Oh ! for pŏliomyelitis. The Greek for grey is *pŏlios*, with a short *o*, and for marrow is *muelos*. *Pŏliomyelitis* is therefore a correct name for an affection of the grey matter of the spinal cord and there is no sound reason for failing to apply it to the disease that it describes. Coming from the lips of an educated man, " Powley Oh ! " sounds abysmally silly.

A frog he would a-wooing go,
Heigh ho ! says Rowley,
With a rowley, powley, gammon and spinach,
Heigh ho ! says Anthony Rowley.

Once I went to see a film designed to educate our profession in the subject of *pŏlio-myelitis*. I recollect that there were representations of a Medical Officer of Health riding in an ambulance, of a mother offering the doctors a cup of tea, of pretty Flossie washing her hands at the sink and that all the while a wretch with brazen tones would expound his notions upon—no, not upon Powley Oh ! but upon " Pawley Awe." As I listened to that uncouth voice and watched the yards of puerility unfold upon a screen, I asked myself with indignation, " What do they take us to be ? Tom Fools ? "

That illustrations may have value I understand, and even moving pictures may have their use in photographing moving objects, for purposes of science ; but it may be opportune here to make certain propositions about learning by pictures. Consider first, then, how words are like living things, like seeds that sprout, grow and become plants, giving rise in time to other plants. Words can be associated together, can be defended or proved false and can be the source of argument. But a picture can do none of these things : it is sterile and it propagates not at all. Whenever you think of it or whenever you look at it, it is always the same. Moreover it is not the object itself but only a semblance. To arrive at what the picture represents requires no effort of intelligence. To see it may be to recollect it but not to learn anything for oneself. Therefore learning by pictures has an occasional use but is an idle method and relatively inferior.

Stōma for Stŏma. This mistake is becoming rather common and there are men who will even go to the length of speaking of a " stōmal " ulcer. Probably the frequent usage of another word, which in English has a similar spelling, namely *sōma*, has led to this mistake ; but in the original tongue the vowel-sound of the first syllable differs in the two, being short in the one and long in the other, and is differently spelt, στόμα and σῶμα. *Stŏma* is mainly an anatomical term, and although the general level of pronunciation seems rather higher among anatomists than among medical men, yet they do shew some strange inconsistencies. I wonder why the *mĕso-colon* should be the " *meezo*-colon." I knew a surgeon in the First German War who spoke habitually of " Meezo-pot " (Mesopotamia) ! The *fĕmoral* artery they pronounce aright ; but why is the bone called the " feemur " ? *Colic and colostomy* are correct ; but " cōlon " is wrong, at least as applied to the bowel, for it means a limb. This mistake is old and probably now immutable. " Tibbia " and " fibbula " for *tībia* and *fībula* are also irretrievable by now, I suppose.

Descende caelo, et dic age tībia
Regina longum Calliope melos,
  Seu voce nunc mavis acuta
    Seu fidibus citharaque Phoebi. (Od. III, 4, 1-4.)

Men so often favour a wrong pronunciation, but when I ask them why, they never tell. Perhaps they are ashamed.

At this my boy hung down his head,
  He blushed with shame nor made reply ;
And three times to the child I said,
  " *Why, Edward, tell me why ?* "

Syndroam for syndrŏmē. A *drŏmē* is a running, and a *syndrŏmē* is a running together or concourse, especially a concourse of symptoms. A good Greek word used by Galen, it should be accorded the respect that it deserves. A *dromos* on the other hand is a place for running and a *hippodromos* is a place for horses to run. The pronunciation of these words would have been correct perhaps if it had not been for the curtailment of *hippodromos* to " hippodrome," which has led to the belief that *syndrŏmē*, looking much like it on paper, should have a similar sound, one giving a rhyme to Rome. But when one is pondering a *syndrŏmē* one should not have in mind associations with Leslie Henson and Ethel Levy, however cheerful, nor even, if one is old enough, with Marceline the whistling clown, the performing beasts and the real water. An unfortunate name is hippodrome, for it has already suggested an aerodrome, a place where the air runs, and a helidrome, where the marshes run. Ice-dromes and sea-dromes have been encountered as well. From such a contaminated form as this " drome " for *dromos* let us gladly turn away, insisting upon pronouncing the medical term correctly as *syndrŏmē*.

Vittaminn for vītamine. When Casimir Funk discovered the first vitamine to be known, namely B_1, he called it so because he found that it was an amine necessary for life, *vīta* : then by what peverseness do students, nurses, qualified men and even some teachers speak of " vittaminns ? " *Vitta* is a common Latin word meaning a snood or hairband, not at all suitably applied to chemicals, even those from Nature's laboratory.

Janet has kilted her green kirtle
A little abune her knee,
And she has snooded her yellow hair
A little abune her bree,
And she is to her father's ha'
As fast as she can hie. *Tam Lin.*

Such are the associations of the word. The Roman virgin as well as the Scotch wore a *vitta*—a pretty custom, but not *vital* ! It also adorned the victim when a sacrifice was to be performed ; and suppliants for aid stretched forth boughs adorned with *vittae* or ribbons, as Aeneas did when, a stranger in the land, he sought alliance with Evander.

" *Optime Graiugenum, cui me fortuna precari*
Et vitta comptos voluit praetendere ramos, etc." (*Aen.* VIII, 126-7.)

Now what has this pretty ornament, associated with piety and chastity, to do with the husks of rice in which Funk found his *vītamine* ?

Having now subjected a dozen mistakes to scrutiny and earned, I hope, the meal that I have just consumed in the Common Room, where the food is safe and the company good, I pass by the tablet that commemorates Keats, before descending the steps of the Medical School ; and I wonder how many men are aware of the whole significance of that tablet. Poor Keats, what a lot of bad verse he wrote, interpenetrated though it is with the most beautiful poetry ! He overcame his disadvantages in the end by force of genius and by that alone, bequeathing to the world one volume beyond price ; but as for *Endymion* and the earlier verses, few men of maturity re-read them, unless their appetite for poetry is really robust (as mine is), because the poems, with all their beauties, are deformed by innumerable errors of taste, some of them dreadful. " Back to the shop, Mr. John, back to pills, plasters, ointment-boxes, etc. ! " One has to admit that Blackwood and the Quarterly were perilously near the mark. Keats was an apothecary, usually in those days a man of humble station, not well educated ; yet the apothecary did then what the family doctor does now. The implication is clear : such a man as Keats had no business with fine writing. During the century and a third that has elapsed since then, the family doctor has won for himself a position that is second to none; but my fear is that, what with scientific fetichism ousting clinical skill, what with the nationalization of medicine and what with the terrible tangle of modern education, again a voice may sound, " Back to the surgery, Dr. John, back to your phenytoin and your cyanocobolamine ! Learning, literature and the arts are not for you." Let us then remember the mantle of dignity and learning that Galen commended to us. To wear it well is one way, and an effective way, of maintaining our position.

1954 SUMMER SCHOOL IN HEALTH EDUCATION

This year's Summer School organized by the Central Council for Health Education will be held at Reichel Hall, Bangor, North Wales, from 17th to 27th August next. The theme for study will be PROGRAMME AND PRACTICE IN HEALTH EDUCATION.

The School will be in the form of a working conference in which delegates will examine actual health problems and will work out model schemes of Health Education for various sections of the community that can be practically applied in their own areas. This year's lecturers will include Professor F. A. E. Crew, and Dr. Grantly Dick Read, both introducing fresh and provocative viewpoints into the Health Education programme. The School provides an unique opportunity for delegates to exchange ideas with other field-workers in Health Education. The inclusive fee for tuition and residence is Sixteen Guineas.

Further particulars about this course can be obtained from the Medical Director, The Central Council for Health Education, Tavistock House, Tavistock Square, London, W.C.1.

A LETTER FROM THE JOHNS HOPKINS HOSPITAL

Baltimore,
April.

The Medical Out-patient Clinic

After working in English-style clinics and after five years of the National Health Service, it is a rather bewildering change to join the medical clinic of an American teaching hospital operating under a " private enterprise " system. In accordance with tradition, one is first impressed by the size of the accommodation. Here the medical clinic occupies up to 26 rooms or cubicles for patient consultation, various other rooms for treatments, secretarial work and dictation and a hall used by waiting patients and for making appointments. Next, one is impressed by the size of the staff attached to the clinic, which operates five morning sessions only. Currently 60 doctors attend the clinic during the week, there being usually 16 engaged in seeing patients each day, together with an administrative physician and a physician-in-charge ; the last does not routinely see patients but is available for consultation on any medical problems and conducts a conference at the end of the morning. In addition there are also the nurses (two graduate nurses in regular attendance and commonly two students) and administrative staff (a registrar, several secretaries, sundry messengers, etc.).

Your correspondent having grasped the size of the clinic then received two surprises ; the first when it was apologetically mentioned that one might, during a morning session meant to last from 9.30 a.m. till the conference at 12.15 p.m., have to see five old patients and one new. The second when experience showed that, working to the rules of the game as played here, the time available was after all none too much for this number of patients. On a typical morning 83 old and 13 new patients were booked to attend ; of this number many of the old patients would fail to keep their appointments but it is likely that an almost equal number of extra patients would be added. At this clinic the majority of the patients are negroes but there is no discrimination in any way on the basis of colour. It is interesting to note the very low incidence of dyspeptic complaints (these are probably channelled to the gastro-enterology clinic), the comparative infrequency of simple neurotic illness and the very high incidence of arteriosclerotic and hypertensive cardiovascular disease as compared with the medical out-patient population at Guy's. Very few of the patients are referred by doctors outside and nearly all have to be managed on the basis of their having no local doctor to care for them between visits ; this is so because of the expense of going to a general practitioner.

Medical students, usually 18 to 20 at a time, work in the clinic during only eight months of the year, from October to May, changing every two months at the end of each "quarter" of the medical school year. During their "quarter" in the clinic, which is their first real experience of the practice of medicine, the students attend every morning. They are allotted in pairs amongst the physicians seeing patients ; each physician who has students then has two rooms in which to work. In one he starts seeing his old patients with one student whilst in the other the second student obtains a history from, and conducts a physical examination of the new patient assigned to the team. As mentioned above work begins about 9.30 and it is usual for the physician to turn his attention to the new patient about 11.15 ; in my experience it is uncommon for the student to have completed his physical examination by then. In part this is undoubtedly due to the slowness of the novice but perhaps more significant is the standard of detail required in both history and examination. It is common for the student's written history and the physician's dictated examination to cover five to nine pages in the patients' notes. These notes, incidentally, contain, bound in one cover, all the records of the patient's every attendance and admission to all departments of the hospital, and amount in many cases to a very considerable collection. This demand for detail and the extended character of the records prepared are the main factors which limit the number of patients which can be seen in the time available. This thoroughness must result in fewer things being missed than may happen in our more hustled clinics at home, but it seems doubtful whether the gain is commensurate with the " man-hours " involved. It becomes more difficult also, for the students especially, to " see the wood for the trees "—the essentials of a case being obscured by the mass of dubiously relevant data.

The session closes with the conference, scheduled to last from 12.15 till 1 p.m.

at which the physician-in-charge for that day will discuss interesting patients selected from the morning's attendance and presented to him by the students.

Getting used to the organisation and style of working in the clinic is one hurdle to be surmounted by the English visitor. The problem posed by the patient whose first reaction to any suggested investigation or treatment is an anxious enquiry as to its cost, is another. It takes a little time to get used to the idea that the universal providence of the National Health Service is no longer behind one and to realise that the cost to the patient is a factor to be taken into consideration when making plans for his management. As in former days at home there is a complex means-test system, administered by the registrar of the clinic to all new patients, by which they are classified according to their ability to pay. On the basis of an agreed scale the city or other appropriate local authority accepts automatic responsibilty for paying the charges of those reckoned incapable of paying their own way in whole or part. As can be imagined this automatic acceptance of responsibility is accompanied by a demand for fairly stringent criteria of inability to pay. The patient who declares inability to pay after assessment to the contrary or who refuses or fails to pay for any reason is not uncommon ; in such a case treatment may be refused and after a reasonable number of requests for payment the hospital has recourse to a debt collector. The more affluent patients are refused treatment in the ordinary clinics but may go to the Private Out-patient service where charges are higher ; an official estimate of about £70 is given as the average cost of a " thorough work-up " in this department.

What are the charges the ordinary patient may have to meet ? If he starts by attending the accident room (equivalent to Front Surgery), as most do, he will pay a fixed charge of a guinea.* Attendance as a new patient at the medical clinic will cost £3 10*s.* 0*d.* (£2 10*s.* 0*d.* at other clinics) ; this will cover the initial routine blood picture and W.R., any of the ordinary blood chemical examinations, ECG and BMR if requested, as well as a minimal supply of the cheaper medicines. Each subsequent visit, however, means another 17*s.* 6*d.* and any referral to a special clinic carries a charge of £1 15*s.* 0*d.* X-ray examinations are charged on a graded basis, 1 to 4, ranging from £2 15*s.* 0*d.* for a simple single film examination (*e.g.* straight abdomen) to £11 for contrast techniques such as barium meal or bronchogram.

If the patient needs admission to the ward the full charge, including professional attendance, general nursing service and routine drugs is £5 a day ; all investigations and special treatments are extra. Hardship allowances are made for in-patients on a similar basis to that used in out-patients, but it is clear that a prolonged illness with an extended stay in hospital or repeated out-patient visits can be a very expensive affair for the patient not already poor enough to qualify for such allowances.

DENNIS C. DEUCHAR.

**For simplicity charges in dollars have been converted into approximate sterling equivalents.*

Thirty Years Ago

From Guy's Hospital Gazette, 7*th June*, 1924.

Dear Sir,—Dr. Linnell in his letter says he has forgotten the scoring in Rugby Cup-Ties. In 1888 it was 25 points for a goal, 10 for a try, and 1 for a touch-down. One score piled up by, I think, St. Thomas's, was :—

13 goals, at 25 points	325
6 tries, at 10 points	60
6 touch-downs, at 1 point	6
Total	391

As to the one goal beating any number of tries, I remember a game at school in which we were heavily out-weighted, but emerged as winners by one goal to five tries, a result which so much excited the headmaster that he nearly broke his stick on his favourite dog which was incautiously standing near.

I am, Yours faithfully, R. L. WASON.

CORRESPONDENCE

Letters to the Editor of the Gazette

Passim : Grants to Married Students

SIR,—An older generation with some knowledge of the sacrifices which they were prepared to make to acquire additional knowledge and skill will scarcely agree with your somewhat scathing criticism of the West Suffolk Education Committee. From an acquaintanceship with similar bodies who have public funds to distribute I cannot agree with the opinions expressed.

Matrimony must involve considerable expense with some inevitable financial strain. If parentage follows some added anxiety with mental stress may accompany it. An elected body of matured minds, such as an Education Committee will be, would be well aware of these possible complications, added expenses and disturbing influences which might follow. In your criticism the age at which these scholarships are given and length of tenure are not recorded. To reserve matrimony till at least the age of twenty-five should be no great hardship as an offset to a valuable gift.

Yours etc.,
W. H. BOWEN.

24 Lensfield Road,
Cambridge.

SIR,—I suspect that I am alone among old Guy's men in blushing with shame that the pages of their Hospital magazine should be sullied by the sort of material that appeared in last time's Passim.

The West Suffolk Education Committee consists in the main of the elected representatives of those who have to provide the money for University students and they have decided—many people will think quite rightly—that they are unwilling to subsidise the matrimonial ventures of these students. The writer of Passim thinks otherwise. He evidently does not consider that marriage is a state which should be attained only as a result of his own efforts—he clearly looks to the taxpayers and ratepayers to provide him with the wherewithal and when they demur he becomes abusive.

The writer of Passim is, of course, entitled to hold whatever views he may wish but, in my submission, it is unbecoming and undignified for a great Hospital to lend its name to such callow opinions so uncouthly expressed.

Yours etc.,
H. A. H. HARRIS.

Southborough House,
Chelmsford.

SIR,—We have all had our fill of Senator McCarthy and his Rosencrantz-Guildenstern-like henchmen Messrs. Cohn and Schine. Their activities, however, have called forth remarkable reactions in this country, from the lowest paid provincial comedian to the most patrician of Parliamentarians Almost every Englishman has pushed his chest out a little further, and with a rosy glow raised a silent cheer and almost dropped a silent tear for merry England and the unslavishness of Britons.

How peculiarly smug the Englishman can be about the words " democracy " and " freedom." He sees nothing strange in the fact that blood sports or capital punishment become fierce party issues. That is democracy at work. That is freedom of speech. But he is not always tolerant on questions concerning the personal freedom of the chap who lives down the street.

During the recent West Suffolk County Council's discussion of suspension of grants to students who marry, several speakers referred to marriage as though it were some luxury reserved for old age, to be saved and planned for like a retirement pension. That it is a natural phenomenon closely linked to biological development is a fact which appears to have been unnoticed by them. The mating season of people like this is circumscribed solely by bank balances, something called " standing on one's own feet " and cartloads of shiny reproduction furniture from the less reputable shops in Tottenham Court Road.

The student who has deservedly been given a grant, is no spoon-fed darling of the Welfare State. He has far less to live on than the vast majority of his contemporaries. But he will not tell you so. Should he decide to marry—and this is the exception—one can have no doubt that he has considered the question very seriously. And there is no proof that once married he works less hard than he did before. Indeed it is more important than ever that he gains his degree at the earliest opportunity. Therefore let us have no marriage conditions attached to scholarships and grants well earned. Let us not allow the personal life to intrude into the academic. Let us not regard students purely as financial investments of local authorities—but rather let us take the longer view that a free student is a better student whether he choose to marry or remain single on his scholarship grant.

Many arguments can be brought up against the decision of the West Suffolk County Council : the frustration of enforced celibacy upon a long engaged couple : the divers attractions that glitter more than gold to the single student and the falling birth-rate among the more educated classes. These arguments, however, are merely lesser fuel to add to this burning question. Personal freedom and personal freedom alone is what fires the hearts of those who say, to coin a phrase, " Let me not to the marriage of true minds admit impediments." Admittedly Shakespeare did not mean what I mean, but had he done so even the Master could not have provided a more felicitous quotation.

Yours etc.,
RON PALMER.

Guy's Hospital.

There is further comment on this subject in Passim.—EDITOR.

An Unpopular Decision

SIR,—On the 14th May, 1954, a notice was posted in the Nurses' Home. This notice which originated from the House Committee and was signed by the Superintendent of the Hospital has placed the Residential Hostel and St. Christopher's House out of bounds to *all* Nursing Staff at *all* times. We feel that two debatable points may be justly inferred from this unexpected regulation.

There is an implied criticism, firstly of the hostel community and secondly of the nursing staff. To our knowledge the nurses are not prevented from visiting any other student residence and to ban them specifically from the Guy's Hostels must appear a somewhat arbitrary discrimination. We would ask the House Committee to what end this regulation is directed.

To make such an imposition on responsible young men and women must surely require very cogent reasons and in the interests of harmony between staff and students we sincerely feel that this matter should be reconsidered.

Yours, etc.,
THE RESIDENTS.

St. Christopher's House,
208 Long Lane, S.E.1.

Guy's Hospital Supplement to the National Formulary

SIR,—May I be allowed to make a brief comment on the *Guy's Hospital Supplement to the National Formulary*, 1954, the publication of which was announced by the Superintendent in your issue of 15th May?

Since going to press, experience has shown that the formulae for Pasta Lubricans and Pasta Lubricans et Hydrargyri Perchloridi were not entirely satisfactory and we have now reverted to the use of a Tragacanth base for these preparations.

The formulae should, therefore, be amended by the substitution of 14½ grains and 11 grains of powdered Tragacanth Gum respectively for the Poly-galacto-xylose.

In order to keep the *Supplement* as up to date as possible it is proposed that any further modifications of these or any other formulae should be notified in a similar manner.

Yours etc.,
J. MOORE,
Chief Pharmacist.

Guy's Hospital Music Club

SIR,—I should like to bring to the notice of your readers a Concert to be given by the Guy's Hospital Music Club in the Physiology Theatre, on Thursday, 17th June, at 7.30. p.m. The programme consists of :

Cantata No. 112 (*The Lord is my shepherd*) ..	*Bach.*
Trio (*for Oboe, Violin, 'cello*)	*C. J. Suck.*
Four Songs	*Mahler.*
Seasons (*Spring and Summer*)	*Haydn.*

Eileen MacLaughlan will be our guest soprano and the choir and orchestra will be conducted by Mr. Frederick Marshall.

The Music Club extends a cordial invitation to all members and friends of the Hospital. There is no charge for admission but a collection will be taken during the interval to defray expenses. Tickets for reserved seats may be obtained on application to the Secretary.

Yours etc.,
J-P. VOOS,
Hon. Sec. Guy's Hospital Music Club.

REVIEWS

Psychology, the Nurse and the Patient. By DORIS M. ODLUM. 168 pages. London. *Nursing Mirror* Publication. *Price* 12*s.* 6*d.*

This revised edition is claimed to cover " from the psychological aspect, the syllabus of the Preliminary and Final examinations for State Registered Nurses." Everything is " set down in simple and direct language." Unfortunately, of all subjects, psychology and psychiatry least lend themselves to simplification, perhaps because so little is known about the mind in health or disease. The result is usually a mixture of common sense coloured by the author's moral standards, plus a leavening of potted " science." Too often in such texts unproven theory and dubious fact are presented as generally accepted truths, giving the misleading impression of more being known than actually is known. Thus ignorance may be perpetuated in the much more dangerous guise of doubtful " knowledge."

It is a pity that Dr. Odlum's book has all the failings of this kind of approach, because she clearly has both the welfare of the nurse and of the patient at heart. Particularly unhappy are the book's psychology and psychiatry. A few examples must suffice.

" Affect " (p. 18) is not a mental process, nor are " suppression " (p. 50), " conflict " (p. 53) and " complexes " (p. 54) mental mechanisms. The classification of temperaments by " predominance of one or other of the endocrine glands " (p. 26) is not " modern " but rejected. Are babies really " The perfect example of selfishness " (p. 31) and children " the most conservative things in the world " (p. 34) ? On the other hand one is reassured to hear that in Dr. Odlum's experience " The friendships of small girls and boys are of a very superficial type as a rule " (p. 43). On p. 45 emotions are said to be " inborn . . . the most powerful forces in our primitive natures," a fearsome conception. Contrary to the statement on p. 53, the inter-relationship of mind and body is probably the earliest of all medical tenets. Descriptions of patients as " inadequate," " of poor personality " (p. 63) are moralistic judgments not calculated to increase respect for the mentally ill. Does " Lysozyme . . . in excess " (p. 56) account for spastic colon ? That " the drug addict is born and not made " (p. 82) is contrary to experience and dangerous in its implications. Patients' fears that by taking sedatives or hypnotics " they will acquire a habit and become unable to do without them " (p. 84) are well founded.

Hypochondria is wrongly classed under Obsessions and Phobias (p. 127). Self-inflicted injuries do not belong to " the hysterias " (p. 129), nor do such patients damage themselves " to draw attention " or " as a means of escape " (p. 129). " Neurasthenia " and " Psychasthenia " (p. 131) should now have gone out of psychiatric terminology. " Anorexia Nervosa " (p. 133) is not a "psycho-neurosis" but belongs to the schizophrenias. " Sleep Disorders " (p. 133) are not a diagnostic entity. If there is any distinction at all between neuroses and psychoses other than degree of severity, it is certainly not that the former are "disorders of the emotions" and the latter "disorders of the mind itself" (p. 135); nor is "insight . . . one of the cardinal differences" (p. 145). Psycho-analysis was not, contrary to common belief, "the original method of psychotherapy" (p. 136), but a late development. "The cause . . . of neurotic reactions" is not, so far as is known, "a deep fear of having to cope with some situation or with the problems of life as a whole" (p. 139). It is not a permissible cloak for ignorance to class non-organic psychoses under "Constitutional or Biogenetic" (p. 146), whatever is meant by these terms. Untreated schizophrenics do not "degenerate" into "complete dementia" (p. 149), spontaneous remissions are one of the characteristics of the disease; insulin, far from being "the best method of treatment" (p. 150) is being increasingly abandoned. There is no consensus of opinion that "electro-shock" is "the ideal" (p. 151) or "the specific" (p. 157) treatment of the various forms of depression. Both insulin and electro-shock, contrary to the author's statement (p. 158), make psychotherapy mostly impossible. Finally, schizophrenics do not "only occasionally commit suicide" (p. 164), but account for almost all suicides among younger persons.

In summary, this book cannot be recommended for its psychology or psychiatry. Its otherwise kindly discussion of human relations in hospital may help the nurse to think for herself.

R.A.H.

Spot Diagnosis. Compiled by the Editors of *Medicine Illustrated.* Volume I. Harvey and Blythe Ltd. *Price 7s. 6d.*

This little book represents an excellent idea. For the busy practitioner to whom an ability to diagnose "on sight" is an advantage, or for the examination candidate to whom success in his "short cases" may mean so much, this is a fine *7s. 6d.* worth. Part I consists of photographs of various conditions followed, on the next page, by the clue and explanation to the diagnosis; and Part II amounts to an appendix "Notes on Therapy" which covers modern concepts of the treatment of, for example, rheumatoid arthritis, thyrotoxicosis, and tuberculosis.

There are, however, certain defects in this first edition which could easily be avoided in subsequent issues. On page 15, Case 5, we are asked to give a "full description" of an X-ray of the chest. The description on the next page says that "(2) the bony framework of the thorax is normal." It is far from normal. The lowest (?10th) rib visible on the left shows an obvious break in continuity which might pass as a fracture and the "area of cavitation" is invisible in the print though it may have been clearly apparent in the original film. On page 25 we are asked to "note the character and distribution" of skin lesions on the back of a young girl. The picture is a normal half-tone block. Judge of our exasperation when, on the next page, we are told that the lesions have a "ringed red margin and show a tendency to clear in the centre." As far as the reader is concerned they are neither red nor show any such tendency. Unfair to candidates. On page 29 in an X-ray of a hand one of the most striking features is gross arthritic (osteophytic) change in the head of the ulna—this receives no comment in the answer which declares the diagnosis to be "rheumatoid arthritis." Page 35 is said to show "two manifestations of the same disease"—it is a poor picture and the "snail track ulcer on the lower lip" requires a lot of imagination. Case No. 30 on page 41 announces that "the diagnosis should be obvious." It is not obvious. One of the characteristic features of mongolism (for such it proves to be) is a "mobile expression" . . . anything less mobile than the facies of the child illustrated would be hard to find: It is an icy monument of immobility: as for the "scrotal tongue" it is almost invisible. How can we tell that the tumour shown on page 47 is in fact at "the upper pole of the kidney"? It might just as well be at the lower.

The answers given are, in many cases, far too smug. The originals, doubtless, showed the diagnosis admirably: the printed reproductions are not so informative.

The reason for the section on "Treatment" is not clear—it seems to have been added as an afterthought and is not really suited to such a book of "spot diagnosis." We are told that methylthiouracil is most commonly used in the drug therapy of thyrotoxicosis. That is not true. Propylthiouracil is now generally used. This little book needs revision in the light of the reader's approach and the limitations imposed upon him by the printed word and half-tone block.

E.E.D.T.

SPORT

CRICKET

Guy's *v.* Orsett

Result : Draw

Guy's

Gunn, A., c. Hendry, b. Bryant	21
Cooke, N., b. Bannister	60
Enfield, R., b. Bryant	0
Lipington, D., b. Painter	1
Mackenzie, M., c. Hendry, b. Painter	33
Williams, M., b. Painter	10
Chignell, M., not out	21
Bissoon-Dath, H., c. Hendry, b. Bryant	0
Young, F., b. Wells	13
Lyon, M., did not bat	
Willis, M., did not bat	
Extras	21
Total for 8 wickets	180
Orsett 89 for 6 wickets	89

Bowling	O.	M.	R.	W.
Lyon, M.	11	3	23	4
Mackenzie, M.	12	4	13	1
Bissoon,-Dath H.	8	—	28	1
Willis, M.	3	1	11	—
Gunn, A.	4	—	10	—

Guy's *v.* Wanderers

Result : Lost by 1 wicket

Guy's

Knapman, W., c. and b. Pateman	10
Lipington, D., c. and b. Pateman	12
Atkinson, not out	100
Enfield, R., st., Butler, b. Douglas	12
Bissoon-Dath, H., c. Pateman, b. Douglas	1
Cooke, N., b. Garrett	9
Mackenzie, M., c. Strike, b. Douglas	8
Cahill, A., not out	10
Owen, R., did not bat	
Willis, M., did not bat	
Bendall, R., did not bat	
Extras	4
Total for 6 wickets declared	166
Wanderers for 9 wickets	167

Bowling	O.	M.	R.	W.
Mackenzie, M.	21	4	73	4
Willis, M.	20.5	4	80	5

Guy's *v.* Honor Oak

Result : Lost by 100 runs.

Guy's

Gunn, A., b. Cheeseman	0
Cooke, N., c. Sheffield, b. Cheeseman	19
Atkinson, D., b. Cammell	12
Howells, W., b. Cammell	0
Gibbons, R., b. Cheeseman	0
Mackenzie, M., c. Sheffield, b. Weymouth	49
Enfield, R., b. Cheeseman	1
Lipington, D., b. Cheeseman	5
Chignall, M., c. Smith, b. Weymouth	19
Lyon, M., c. Mulley, b. Wilmot	0
Willis, M., not out	0
Extras	1
Total	106
Honor Oak	206

LAWN TENNIS

Guy's Hospital have reached the third round of both the Hospitals' Cup and the University of London Cup.

They beat University College 9–0 and Queen Mary College 7–2 in the University Cup and they beat King's College Hospital 7–0 after a bye in the first round of the Hospitals' Cup.

The results of the friendly games have not been so convincing. This is due mainly to the fact that the full team has not turned out.

The second team have had two convincing victories and two other very close games.

The Cup Team :

G. Jones and A. Black.
J. Osborne (Capt.) and R. W. Elsdon Dew.
Dr. J. A. A. Bullard and A. Quant.

Results :

Paddington—Lost 1–8.
Public School Old Boys—Lost 2–7.
St. John's College (Cambridge)—Won 5–4.
Christ's College (Cambridge)—Won 6–3.

All those playing in the Hospital Competitions are reminded that the closing date for the 2nd Round is June 15th. The reason for the short time allowed, is that the competition should be finished before the end of term (July 7th), since the pre-clinical students will have gone down.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the appointment of **Registrar to the Department of Diagnostic Radiology** (whole-time, middle grade). Duties to commence on the 1st October, 1954. Forms of application, obtainable from the Superintendent, Guy's Hospital, should be forwarded not later than the **16th June, 1954.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Required **House Surgeon** (2nd or 3rd post). Appointment is from 1st July, 1954, for 6 months and includes duties in the Casualty Department. It is recognized for the D.C.H. and also as a second pre-registration post. Salary £400 or £450 per annum, less £100 per annum for residential emoluments. Applications stating age, nationality, qualifications (with dates) and copies of three recent testimonials, should reach the Hospital Secretary by **16th June, 1954.**

APPOINTMENTS

W. B. D. Maile, M.D., M.R.C.P., D.M.R.D., appointed Senior Registrar Radiodiagnostic Department, London Hospital.

Irvan Yentis, M.D., M.R.C.P., D.M.R.D., Senior Registrar, Diagnostic X-ray Department The Middlesex Hospital, London, W.1.

UNIVERSITY OF LONDON

Academic Postgraduate Diploma in Psychological Medicine

April, 1954

Philip Haden

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

April, 1954

J. F. Soothill

UNIVERSITY OF LONDON

Third (M.B., B.S.), Examination for Medical Degrees.

April, 1954

Honours

O. Morton (*Distinguished in Pathology.*)

Pass

Barbara A. M. Allen
J. B. Anderson
J. K. Anderson
Jacqueline E. Banbury
V. C. J. Barker
V. H. Bartley
A. Berry
J. A. A. Bullard
J. C. Burt
D. Constad
R. W. Edmonds
G. Evans
G. E. Fulford
E. R. Gibbons
J. F. Gill
A. C. Graham
B. P. Gregory
K. A. Hillard
D. P. Honey
D. J. Hudson
J. G. P. Hunt
E. M. James
P. Jenkins
Bridget M. Johnson
D. W. S. Klee
N. A. G. Leadbeater
J. V. V. Lewis
W. S. Lund
P. R. Lyon
H. R. B. McCauley
A. G. Malleson
P. A. T. Martin
H. C. Meredith
Sheela M. Mullally
T. W. Nicholson
E. G. Palmer
A. J. Pearson
Mary D. Pollock
C. W. Pook
M. W. Potts
J. K. Price
Corinne J. Richardson
Joan M. Sadler
O. H. Shaheen
D. L. Smithson
F. L. D. Steel
J. A. Stevens
L. Stimmler
E. E. D. Tomlin
Marian A. Wilkinson
D. H. Williams
J. H. P. Willis
C. F. A. Younger

Supplementary Pass List

Part I

Elizabeth O. Bradley
B. B. Collins
L. Hall
K. E. Howells
K. S. Jap
F. A. Orhewere
G. S. Rawson
E. G. Reynard
Margaret H. Smith

Part II

G. H. Anderson
H. R. Bissoon-Dath
A. M. Brown
D. C. Linahan
K. L. Lowings
D. B. A. Ofomata
J. A. Pollock
P. S. Stack

Part III

A. M. Brown
C. D. Chilvers
G. Gover
K. S. Jap
K. L. Lowings
P. S. Stack
K. P. Walker

Part IV

M. R. Alderson
C. D. Chilvers
G. Gover
D. C. Linahan

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.F.A.

D. W. Clark
M. W. J. Grummitt
A. J. Heber

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

Fellowship

O. L. Thomas

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

May, 1954

*P. F. Stebbing

*Has completed the examination.

GUY'S HOSPITAL MEDICAL SCHOOL

Treasurer's Medal and Prize in Clinical Surgery

April, 1954.

P. S. Boulter ..	Medal and Prize
E. E. D. Tomlin ..	Certificate

Golding-Bird Gold Medal and Scholarship in Obstetrics and Gynaecology

May, 1954.

G. C. W. Baker	Medal and Scholarship
Miss E. A. Burns	Certificate.

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CHANGES OF ADDRESS

W. H. McKendrick, M.R.C.S., L.R.C.P., 1 Twynffald Road, Blackwood, Mon.

S. M. Whitteridge, M.R.C.S., L.R.C.P., 21 Upper Wimpole Street, London, W.1. (Tel. : Welbeck 8800).

BIRTHS

BROWN.—On 21st May, 1954, at Nuffield House, Guy's Hospital, to Catherine (née Saxon), wife of Austin Brown, F.R.C.S., a daughter (Wendy Elizabeth).

KLEE.—On 30th May, 1954, at Guy's Hospital, to Gwyneth (née Williams, S.R.N.), wife of D. Klee, M.B., B.S., a son (Michael).

MARTIN.—On 27th May, 1954, at Sedan House, Chester, to Dr. Rosemary (née Bolam), wife of Geoffrey Martin, M.B., B.S., a son.

PARSON.—On 22nd May, 1954, at Queen Mary's Hospital, Hampstead, to Roxana, wife of J. V. Parson, M.B., B.S., a son.

SCOTT.—On 23rd May, 1954, at Bexhill-on Sea, to Esme (née Pascall), wife of Leslie Scott, M.D., M.R.C.P., twin sisters for Rosemary, Christopher and Stephen.

TRIST.—On 19th May, 1954, at Nuffield House, Guy's Hospital, to Patricia, wife of Arthur E. Trist, L.D.S.R.C.S., a son (William Russell).

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVIII No. 1720 26th June 1954 One Shilling

PASSIM

AT the end of the last page of every issue of the *Gazette* there is to be found a short, simple, unobtrusive sentence. In a few words it re-emphasises fortnightly the importance of the "Committee of Guy's Hospital Gazette" for whom this journal is printed and published. Although the *Gazette*, despite its name, does not represent official opinion at Guy's Hospital, the chairman of the committee is always a senior member of the Medical School staff. How much the *Gazette* owes to that committee, and in particular to its chairman, only those who have had the privilege of editing and managing this journal can fully appreciate.

From 1927 until 1953 the Committee of Guy's Hospital Gazette was guided through years of unusual difficulty by Dr. Maurice Campbell. There were problems of finance. There were problems of war-time conditions. There was the ever recurring problem—if it can be so described—of constant editorial change. For 27 years Dr. Campbell met the many difficulties facing the *Gazette* with rare insight and judgement, and when he resigned his chairmanship last year the fortunes of the *Gazette* were stable and its status, we believe, secure.

The *Gazette* Committee, representing not only the present Hospital community but also the universal wish of those editors who served under Dr. Campbell's chairmanship, has now made him a presentation of two first editions of "Sherlock Holmes" accompanied by the following words :—

These two volumes—'The Adventures of Sherlock Holmes' (1892) and 'The Memoirs of Sherlock Holmes' (1894) were presented to Dr. J. M. H. Campbell by the Committee of the Guy's Hospital Gazette on behalf of the past editors and other committee members who had served the Gazette during Dr. Campbell's chairmanship of the Committee from 1927 until 1953.

In making this gift the Committee gave expression to the desire of a great many Guy's men and women to show their appreciation of the wise and generous guidance which Dr. Campbell gave to the Gazette for so many years. In choosing these stories of Sherlock Holmes the Committee took note not only of Dr. Campbell's manifest interest in them, but paid tribute also to his contribution to literary criticism in this field. *May 31st, 1954.*

In addition to his many medical contributions Dr. Campbell has, of course, written several papers for the *Gazette* on matters connected with that great detective—the latest being *The Hound of the Baskervilles —Dartmoor or Herefordshire?* published on 3rd May, 1953. Our readers will take note of this presentation with much satisfaction.

On another page in this issue we give details of a forthcoming production by the Theatre Club. This time they have chosen a formidable task in presenting *Point of Departure* by Jean Anouilh. This production is of special interest in that among the cast are some of the original members of the club of 10 years ago. They include Drs. P. K. M. Barrett, T. B. Brewin, D. G. Chalmers, J. M. Hall and J. L. Hayward. We welcome the reappearance of the idea of qualified men and students working together in hospital entertainment. Their activities will recall to many older Guy's men the days of the Musical and Operatic Society when Sir Herbert Eason, during his tenure of the Superintendency, could be found in the ranks of the orchestra. This is a difficult time of year for any theatrical production and we hope that the Club will get the support that it deserves from all ranks at the Hospital.

We have heard with some disquiet of the recent meeting of the Blues Committee. Many of our readers will be, like us, sorry to hear of the decision which was made at that meeting. We understand that the question of awarding Blues to women students was raised and was rejected. We have, long ago, accepted women students as equal partners and over the last seven years they have made for themselves an enviable reputation—both sporting and scholastic. The girls from Guy's have done very well in the last year or so and most of us feel that they are perfectly entitled to the award of Blues and half-Blues. These awards should be upon exactly the same basis as the awards to men. Women students have been full members of the Medical and Dental Schools for seven years—it is about time that this simple fact was realized by the die-hards of the Blues Committee.

We note that on page 250 there is an announcement by the Department of Physiology. They are inviting vegetarians to take part in some simple metabolic experiments. We hope they will get all the subjects that they want. The Physiology Department has a fine tradition of assistance from student volunteers and certainly much of the work done by members of the department on gastric physiology would have been impossible without such help.

Thirty Years Ago

From Guy's Hospital Gazette, 21*st June*, 1924.

June 5th was the day allotted to Guy's for the poletaxing of all passengers using the London Bridge Stations. The scheme of allotting one day to each large hospital for collecting at its nearest London railway terminus fired the imagination of the students, who set out to beat the previous best collection of £147, made by the Charing Cross Hospital. From four o'clock in the morning till nine at night they rattled their boxes, played organs and encouraged the poor to support the sick with the surprising result that by night-fall they had collected £467 16*s*. 6*d*. This large sum was collected chiefly from hard-working persons who, if asked for alms by a private beggar or even by a Church dignitary, would more than probably reply, with an implicit belief in their little fiction, that they had no money . . . It is amazing thing to us that these good, impecunious people find themselves with just a little money for charity whenever it is solicited with a sudden, boisterous insistence by a band of irrepressible collectors, fired by the zeal of competition. They disembark at London Bridge practically penniless and forthwith hand over four hundred and sixty seven pounds.

THE QUEEN IN JAMAICA

In the course of her Empire Tour Her Majesty the Queen visited Jamaica. While there, she was welcomed to The University College Hospital at Kingston, by the Matron, known to so many of us here as Sister Foster Smith.

We received this charmingly informal picture the other day; it was taken at the Hospital on that memorable occasion.

THE DENTAL SOCIETY

President	K. Hooper, F.D.S.
Hon. Secretary	D. E. Crouch
Hon. Treasurer	J. Wolfle
Hon. Assistant Secretary	D. F. Keene
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Dinner Secretary	C. E. Rees
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CHRISTMAS CARD COMPETITION

The *Gazette* Committee is prepared to offer the sum of Five Guineas for an original line drawing, or a design having Hospital associations, suitable for a Christmas Card.

The conditions are as follows :—

(1) Entries must be original and not previously published.
(2) The copyright of the selected drawing becomes the property of *The Gazette.*
(3) Entries must be received not later than 1st August, 1954.
(4) The Editor's decision as to acceptance and publication is final.

All entries not accepted will be returned in due course.

GUY'S DIARY

JUNE			Exhibition. Department of Surgery. *Head Injuries.*
28th	M	1.00	Professor Bruce T. Mayes (Professor of Obstetrics and Gynaecology at the University of Sydney). *Breech Delivery.*
		1.00	Mr. F. S. Warner. Dental Clinical Lecture. *Some Disorders of the Tongue.*
28th	T	10.00	Clinical Meeting. B.M.R. Department.
		1.00	Mr. H. J. B. Atkins. Clinical Lecture. *Broken Ribs and Other Common Injuries.*
		1.00	Dr. B. Holly Broadbent (Professor of Dental Facial Morphology, Western Reserve University, Cleveland, Ohio). Dental Clinical Lecture. *The Growth of the Masticatory apparatus as demonstrated by Cephalometric Radiology.*
JULY			Exhibition. Department of Surgery. *Incisions and Suture Materials.*
1st	Th	5.00	X-ray Meeting. Gordon Museum.
5th	M	1.00	Dr. R. D. Hoare. Clinical Lecture. *The Use of Contrast Media in Neuroradiology.*
6th	T	1.00	Dr. M. B. Sulzberger (Director Skin and Cancer Unit, New York University). Clinical Lecture. *The Present Status of ACTH, Cortisone and Hydro-cortisone in Dermatology.*
		5.30	Special University Lecture in Pharmacology. Professor A. R. McIntyre, University of Nebraska. *Some Observations of Electrical Activity and Pathological Muscles.*
8th	Th	1.00	Mr. S. H. Wass. Clinical Lecture. *Surgery in the Treatment of Ulcerative Colitis.*
		5.00	Mr. Murray Falconer. Neurosurgical Demonstration. Clinical Theatre.
			X-ray Meeting. Gordon Museum.
9th	F	1.00	Professor A. Bjork (Department of Orthodontics, Royal Dental College, Copenhagen). Dental Clinical Lecture.
10th	S	10.00	Mr. Robert Cox (Westminster Hospital). Surgical Departmental Round.
12th	M	1.00	Dr. L. G. Housden (Adviser in Parentcraft, M.O.H.). Clinical Lecture. *Child Welfare in a Welfare State.*

NOTICES

DEPARTMENT OF PHYSIOLOGY

Vegetarians are invited to take part in simple metabolic experiments. Apply Department of Physiology, Medical School, Guy's Hospital.

POINT OF DEPARTURE

BY JEAN ANOUILH

Produced by T. B. Brewin

Will be performed in the Physiology Theatre, Guy's Hospital, at the following times :—

Monday	12th July, 1954 at	7.45 p.m.
Tuesday	13th ,, ,, ,,	7.30 p.m.
Wednesday ..	14th ,, ,, ,,	6.30 p.m.
Thursday	15th ,, ,, ,,	7.30 p.m.
Friday	16th ,, ,, ,,	7.45 p.m.
Saturday	17th ,, ,, ,,	3.00 p.m.
,, ...	17th ,, ,, ,,	8.00 p.m.

The Box Office will be open in the S.U. Office of the old Pathology block during the week Monday 5th—Friday 9th July from 12.30—1.30 p.m. Applications by post (enclosing a stamped addressed envelope) should be addressed to the Secretary of the Theatre Club.

THE NATURAL HISTORY OF POLIOMYELITIS

A Clinical Lecture given at Guy's Hospital, on Friday, 19th March, 1954.

By J. C. HOUSTON, M.D.

LADIES AND GENTLEMEN,—This is my first clinical lecture and to avoid misunderstanding I should like to make it clear at the start that in my opinion the educational value of lectures is exceedingly small. I propose to give you a definition of the lecture which seems to me to sum the matter up very adequately. It is not an original definition but it is quite a good definition all the same. " The lecture is a device whereby words are transferred from the mouth of the lecturer to the notebooks of the students without passing through the minds of either." In view of this, you will not be surprised if I say that I think lectures should be short. I hope therefore it will not be necessary for you to sit here and listen to me after about a quarter or ten minutes to two.

I have chosen the subject of poliomyelitis for a number of reasons, but particularly because it is a disease which has undergone a number of changes in recent years, changes which in some respects are perhaps a little alarming, so that it now presents, with the possible exception of influenza, the greatest menace of any infective disease in this country. This would, therefore, appear to be a suitable time to look at the disease against its historical background, to analyse the recent changes and discuss their suggested cause ; and consider whether any alteration is called for in our management of the disease.

It is held by most authorities that poliomyelitis has existed from earliest historical times, but early medical writings contain no reference to any epidemic of the disease and the isolated cases they do record which are usually regarded as examples of the disease are not entirely convincing. In more recent times there is little doubt that Sir Walter Scott had poliomyelitis at the age of 18 months in 1773 ; he was left with a permanent lameness in his right leg. The first clinical account of this disease was given by Dr. Michael Underwood who was a practitioner at the Lying-in Hospital in London. He described a number of cases in the fourth edition of his well-known treatise on *Diseases of Children*, which was published in 1799. I mention this fact particularly because credit is sometimes given to a German, Jacob Heine, whose monograph on the disease did not appear, however, until 1840. On the Continent and in other parts of the world poliomyelitis is sometimes known as Heine-Medin disease. Medin reported the first epidemic ever to be recorded, which occurred in Stockholm in 1887. There is no doubt, therefore, about the prior claim of Underwood.

It is interesting to look at the report of that first epidemic of poliomyelitis. It occurred in Stockholm in 1887, and there were in all 44 cases, all young children ; 35 out of the 44 were under the age of three. This incidence in very early childhood remained a characteristic of almost all epidemics of poliomyelitis from that time until well on into the present century and, of course, was responsible for the alternative name " infantile paralysis." It is in fact very unusual for an infectious disease to have its main incidence in this particular age group. Other common infections of childhood such as measles, chickenpox and diphtheria, have their peak incidence in the early years at school, from perhaps five to eight. That is what one would expect when an infection is transmitted to a susceptible child from another child who is either incubating the disease or suffering from it.

How is one to explain the occurence of poliomyelitis at a time when the child is still to a large extent confined to the family circle and not exposed to any great degree to outside sources of infection ? Burnett has suggested—and I think it is the probable explanation—that the virus of poliomyelitis may be transmitted to very young children by their parents, who are themselves immune from the disease as a result of their own childhood experience of it, but who during epidemic periods are able to act as healthy carriers and transmit the virus to their offspring. You will notice that implicit in this theory is the idea that the virus of poliomyelitis is an exceedingly widespread infection of early childhood and that the vast majority of adults have been actively immunised against poliomyelitis as a result of contact with it in early childhood. This silent immunising process is suggested also by the finding of antibodies in the blood of adults who do not give any history of clinical poliomyelitis.

The idea therefore is that poliomyelitis in infancy or early childhood gives rise to very little ill-health in the vast majority of children. Only a few suffer clinical symptoms and fewer still develop actual paralysis. The consequence is that the disease appears in sporadic form, with a clinical case here and another there and a large number of people in between who have become actively immunised but show no signs of the disease.

It is of particular interest to consider what happens when the virus of poliomyelitis is introduced into a community which has had no previous experience of it and where this active immunising process which I have described has not taken place. There are on record a number of such epidemics, several of them in Pacific Islands where poliomyelitis had not previously been known. In all such epidemics in what may be called " virgin soil " the chief incidence has been on the young adults, and on the whole they have gone down with rather severe and paralytic forms of the disease. From this it is reasonable to assume that adolescents and young adults are naturally susceptible to poliomyelitis and that the reason why in a community such as ours adolescents and adults in the past have been relatively immune must be ascribed to the fact, not that they have a natural immunity but that they have obtained an acquired immunity as a result of childhood infection.

I should like to refer you to some figures from the epidemic in Malta in 1942. (Seddon *et al* 1945.) In Malta at that time there were two distinct communities, the civil population and the British troops who had recently arrived there from this country. The epidemic which broke out in 1942 and went on into 1943 consisted of 483 cases ; of this number 426 were civilians and 57 British troops.

POLIOMYELITIS IN MALTA, 1942–43.

	Children	*Adults*	*Total*
Civilians	422	4	426
British Troops	—	57	57
Maltese Troops	—	—	—
			483

What I want to draw your attention to is the fact that among the civilian cases 422 of the 426 were children. The great majority of these were very young children. Only four cases occurred among the civilian adults. There were, however, 57 cases in the British troops, although, of course, the British troops represented a much smaller population of adults than the local civilian population. Furthermore there were no cases at all in Maltese servicemen although in many units both in the Air Force and the Army they were working side by side with their British counterparts. The probable explanation of this high immunity amongst the adolescents and adults in the local population of Malta was that they had become immunised during childhood to the particular strain of the virus prevalent in Malta at that time. The incoming British troops, on the other hand, were without experience of that virus and were susceptible to it.

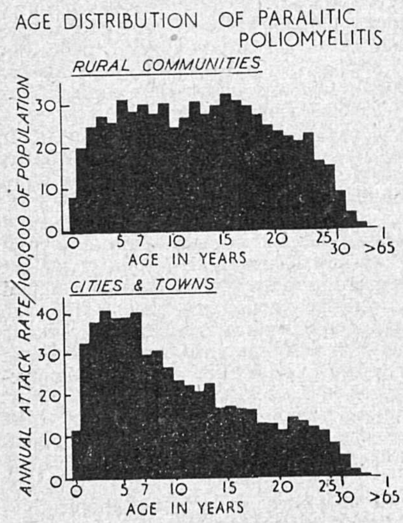
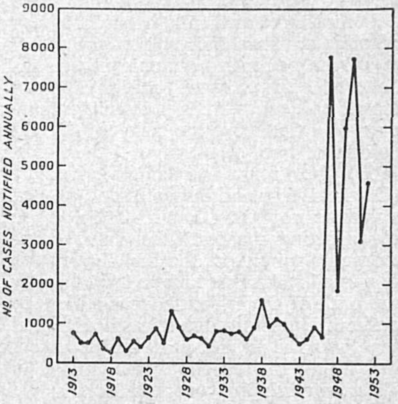


Figure 1.

Following up this idea it is of interest to note the different age incidence of the disease which has sometimes been found in rural and city dwellers. Fig. 1 is taken from a recent Swedish paper (*Olin*, 1952). It will be seen that in the towns the incidence rapidly declines after the age of seven whereas in the country it remains high until about the age of 20. The suggestion is that the greater opportunity for dissemination of the virus among the young children in towns leads to more widespread immunity in the older age groups.

It has been pointed out that those countries which have the highest standards of living and personal hygiene are those which have suffered most severely from epidemics of poliomyelitis ; countries such as the United States, Canada, Scandinavia, New Zealand and Australia. Moreover, poliomyelitis in any given community tends to attack not the over-crowded and undernourished members of the population, but those living under the most favoured circumstances. It is a rich man's rather than a poor man's disease. It may well be therefore that higher standards of living and hygiene, although no doubt admirable on other grounds, by preventing dissemination of the virus in early childhood must be held responsible for a good deal of the mortality and morbidity from poliomyelitis at the present time.



Number of poliomyelitis cases notified annually in England and Wales (1913–52).

Figure 2.

I should like to go on now to consider the ways in which poliomyelitis appears to have changed in recent years. Poliomyelitis was made notifiable in this country in 1912 and fig. 2 shows the annual incidence from then until 1953. You will observe that from 1912 until the end of the second World War there was a steady incidence of about 1,000 cases or rather less each year. The cases occurred as they still do mostly in the late summer and in the autumn. The reason for that particular time is not known, but presumably climatic factors at that season are favourable for the dissemination of the virus. In 1947, however, there was an epidemic involving 8,000 cases, several times greater than any previously recorded, and each year since then has seen an epidemic of comparable magnitude. Poliomyelitis is now occurring in this country in epidemics rather than in its previous endemic form. The age incidence has also changed. Nowadays adults account for about one-third of the cases. In the following table the age incidence in the years 1912–19 is compared with 1944–50 (Logan 1952). In the earlier period two-thirds of the cases occurred in children of four years of age or younger and only a trifling number were in adults over 15. In the period 1944–50 one-third of the cases were in the early age group 0–4 and one-third were adults. It has been suggested that this is to some extent due to the changed age structure of the population, but I do not think that there can be any question that there is also a real change in the age incidence of the disease. Poliomyelitis, like some other infections, tends to be a more serious disease when it occurs at older ages. We find at the present time that most of the deaths from poliomyelitis occur in adults and most of the severe cases of widespread paralysis occur in the older age groups. The proportion of cases suffering from trivial paralysis in the legs only is much higher in the younger age groups, but as the patients get older far fewer of them suffer from these milder forms of the disease. The situation is reversed when you consider patients with widespread paralysis. The younger patients tend to be fewer and on the whole adults form the bulk of that group. It is relatively unlikely that a child will get respiratory paralysis. The risk of this increases with increasing age. Fig. 3 illustrates these facts. Poliomyelitis is occurring therefore in

AGE INCIDENCE OF POLIOMYELITIS.

		Age			All Ages	Median Age
		0–4	5–14	15		
1912–19	M	64	28	8	100	3.93
	F	66	28	6	100	3.90
1944–50	M	34	37	29	100	8.46
	F	33	33	34	100	9.15

bigger epidemics than ever before and is affecting a higher proportion of older patients with a consequent increase in the mortality and morbidity of this disease. There is one further way in which poliomyelitis has changed which is of even greater importance. Poliomyelitis in the past has been a sporadic disease. It has occurred in odd cases here and there and thus it has not been possible to trace the path of the infection from patient to patient ; there has always been an intervening gap. In recent epidemics in this country, however, particularly the Isle of Wight epidemic two years ago (Agerholm, 1953), the Lancashire epidemic in 1951 (Clarke, 1951), and the Southend-on-Sea epidemic in 1952 (Logan, 1953), those investigating the epidemics have commented strongly on the fact that it was possible for the first time to trace directly the path of the infection from patient to patient. Furthermore, it has been noted that whereas in the past the occurrence of more than one case of poliomyelitis in a family or household was almost unknown it has now become a commonplace. This was brought out particularly well in the epidemic at Southend-on-Sea in 1952. In that epidemic there were 96 cases and 23 of them were grouped in families. In other words, a quarter of the total number in that epidemic were examples of multiple cases in households, a thing previously almost unknown.

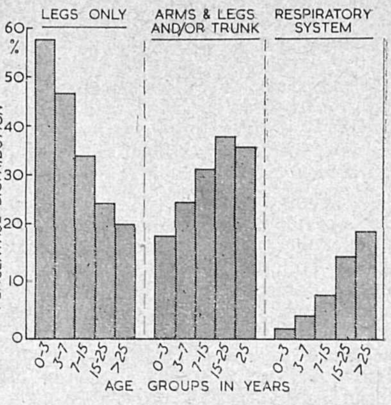


Figure 3.

Proportion of different types of paralytic poliomyelitis at different age-groups. Modified from Olin (1952).

In this connection some very interesting and significant observations were made in the great epidemic in Copenhagen in 1952 (Lassen, 1954). That epidemic was the biggest and most disastrous on record. There were in one hospital at one time no fewer than 70 patients suffering from respiratory paralysis and requiring special treatment to keep them alive. An epidemic on the scale of the Copenhagen one in this country would have involved something like 40,000 people. Opportunity was taken to plan a very carefully controlled statistical study of this question of contacts (fig. 4). 316 patients with poliomyelitis were paired with 315 other persons similar in all respects except that they did not have poliomyelitis and enquiry was made about recent contact with poliomyelitis. It was found that nearly 60 per cent. of the poliomyelitis patients had been in contact with patients with paralytic or abortive poliomyelitis within the incubation period of the disease, whereas only some 10 per cent. of the controls had had such contact. You cannot get away from these figures ; they are highly significant. The only comparable investigation I have been able to find in the literature was carried out in the United States a long time ago, in 1913 (Frost, 1913). In this investigation 433 cases of poliomyelitis were taken and enquiry was made about recent contact. The results were very similar to those obtained from the controls in the recent Copenhagen epidemic and emphasises the probable change that has taken place in the contagiousness of the disease.

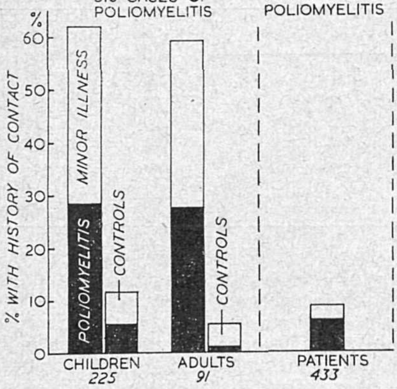


Figure 4.

In The *Lancet* a fortnight ago there was a letter from Dr. Stanley Banks of the Park Fever Hospital in London reporting on 57 patients treated in his hospital for poliomyelitis in 1953 (Banks, 1954). Of these 57 cases no fewer than 12 had been infected in the general ward of hospitals. In other words, these patients had been in the general wards of various hospitals in the district for some three weeks and had then gone down with poliomyelitis, the incubation period of which is some 9–14 days. This cross-infection in wards is another piece of evidence indicating the enhanced infectivity of poliomyelitis at the present time.

We have evidence then quite conclusively that poliomyelitis is not only occurring in much greater frequency than ever before; it is occurring in a wider age group, and it is also showing evidence of increased infectivity from case to case. It seems very likely that the explanation is that we are now encountering strains of the virus against which the population generally has little immunity. It is well known and has been known for a long time that there are at least three strains of poliomyelitis virus. These three are known as the Lansing, Brunhilde and Leon strains and there is no cross immunity between them. This fact was illustrated in a recent report from the United States (Bodian, 1952), which showed that in two patients who had had two attacks of poliomyelitis the first had been due to Lansing strain virus and the second attack to Brunhilde. We know that these immunologically distinct strains exist, and it would be compatible with the facts to attribute recent changes in the behaviour of the disease to reduced immunity of the population against the current virus.

There is another point which is worth making in this connection. When I was in Copenhagen at the end of last year I had the opportunity of discussing the problem with Professor Lassen. He showed me a chart of Copenhagen and pointed out the curious fact that the areas from which the cases had particularly come in this great epidemic were the poorer working-class districts where there was a good deal of overcrowding. On the other hand, the better-class residential areas had been to a considerable extent spared. This was most unusual because, as I said earlier, poliomyelitis has been regarded previously as a rich man's rather than a poor man's disease. It seems to me now that one can explain that curious distribution of the cases of poliomyelitis in the light of the suggestion I have just quoted ; where there is a virus at work in a population with little immunity to it it may be expected to show its greatest activity in the more overcrowded districts.

It has been the teaching in the past that poliomyelitis is a disease against which most people have effective immunity, that there are only a few susceptibles in the population and that therefore there is no point in taking any steps in trying to stop an epidemic. It has been the policy not to isolate the sufferers strictly and to take few steps in trying otherwise to prevent the spread of infection. Even before the war, however, there were those who disapproved of that policy and thought that something could be done. The following is an extract from a speech made by Sir Arthur McNalty in 1936 :

> " The argument has not infrequently been put forward that here you are faced with a widespread infection and that much of the infection is admittedly due to healthy carriers and mild cases which often go undiagnosed. You had better let the epidemic go on since you cannot check it. I am glad to say that personal experience has convinced me that much can be done to check the spread of an epidemic. If the infectivity of the disease is fully appreciated, if the existence of abortive and mild cases is realized and these as well as the more easily recognized cases are notified and isolated in hospital or elsewhere the sources of infection are shut off from susceptible individuals."

From what I have said to you today I hope it will be clear that poliomyelitis is unquestionably more infective at the present time than when Sir Arthur McNalty spoke those words. I believe we should very seriously reconsider our attitude to this problem and see to it that no avoidable contact is allowed between patients with poliomyelitis and other possibly susceptible individuals.

Finally, what about the future ? I think it probable that within a few years an effective vaccine incorporating the various antigenic strains of the virus will have been evolved. It will then become routine practice for infants to be vaccinated against poliomyelitis in the same way as they are or should be at present vaccinated against smallpox, and that will have the effect of building up effective active immunity against the disease. When that time comes we shall see the beginning of the end of poliomyelitis as a serious menace.

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A NOTE ON CHRONIC COR PULMONALE RESULTING FROM MULTIPLE PULMONARY EMBOLI

BY D. C. DEUCHAR, M.D., M.R.C.P.

Howard Hughes Fellow in Residence, Johns Hopkins University School of Medicine : Assistant Physician in the Out-patient Department, Johns Hopkins Hospital.

THOMAS BELT (1939) in an article published in the Lancet just before the outbreak of the last war, and for that reason probably somewhat overlooked, writes :—

> " From a clinical point of view pulmonary embolism is rarely if ever regarded as the cause of chronic disease. The usual picture is that of a more or less acute illness which passes fairly quickly from one episode to another and ends in either death or recovery in a matter of days or weeks. Yet a careful study of the pulmonary arteries at many autopsies makes it clear that we have sometimes to reckon with long-standing lesions and morbid processes which appear to be the result of emboli lodged in the lungs months or even years before death."

To the best of my knowledge his opening remark is still applicable to medical practice in most places, but not so here, at the Johns Hopkins Hospital, where the possibility of chronic cardiac disease being due to pulmonary embolism is now constantly kept in mind. This local interest is largely due to the work of Dr. Douglas Carroll here, who collected and reported five cases in an article on " Chronic Obstruction of the Major Pulmonary Arteries " (Carroll, 1950); none of these patients was diagnosed clinically. Following this, attention having been drawn to the condition, several patients have been diagnosed clinically and in many, the diagnosis has been confirmed at autopsy.

Although this is not a widely recognised condition it has received attention in the literature from time to time over many years. Many of the earlier reports, however, are difficult to assess, being primarily pathological, owing to the difficulty of distinguishing on purely morbid anatomical grounds between old emboli and thrombi in situ. This difficulty is by no means yet resolved as any review of the literature will quickly show, and the distinction rests chiefly on clinical grounds (Carroll, 1950); a history of acute episodes typical of pulmonary embolism will point to this mechanism but its absence is not conclusive of the other. Lack of adequate clinical detail in many reports renders unsatisfactory any judgement as to the origin of the pulmonary arterial obstruction found in these cases, but Belt's (1939) suggestion that many so-called cases of pulmonary arterial thrombosis are in fact examples of old emboli seems very reasonable.

In 1909 Posselt published a very extensive review of diseases of the pulmonary arteries and quoted eighteen earlier references relating to thrombosis and embolism; unfortunately most of these are not readily available to me here. In 1929, Frothingham Channing reported *a case of extensive bilateral progressive thrombosis of the smaller branches of the pulmonary arteries* and reviewed the literature subsequent to Posselt's survey. The patient he describes is of interest and almost certainly an example of multiple pulmonary emboli; she was 38 years old and died in the Peter Bent Brigham Hospital in 1926 after an illness of a little over six months duration. The patient's chief complaint was of increasing dyspnoea but the story was punctuated by several episodes of acute chest pain with cough. The blood pressure was low and there was tachycardia: radiographs of the chest showed shadows compatible with infarcts and a pattern of right ventricular hypertrophy with T wave inversion in leads II and III developed in the electrocardiogram. The clinical condition deteriorated and she had cyanosis and extreme dyspnoea before death. Autopsy revealed thrombi in the uterine and vaginal veins, and several infarcts in the lungs with multiple occlusions of the small pulmonary arteries interpreted as thrombi; the right ventricle was hypertrophied.

In the same year Barnes and Yater (1929) reported a similar case of *Failure of the right ventricle due to ancient thrombus in the pulmonary arteries.* This was a 34 year old man whose illness lasted just over two years running a course similar to that of the preceding patient. In its terminal stages he was extremely dyspnoeic, cyanosed and had congestive failure; the heart was enlarged, the pulmonary second sound was increased and there was a gallop rhythm. The electrocardiogram showed right axis deviation with T wave inversion in leads II and III and he had some polycythaemia with a haemoglobin of 110%. Post-mortem examination revealed " ancient thrombus " in the pulmonary arteries and hypertrophy of the right ventricle. In their discussion it is interesting that the authors discuss the possibility of this condition producing pulmonary hypertension and refer to another article (Yater and Constam, 1929) dealing with this subject at a time when the normal human pulmonary arterial pressure was still undetermined (Brock and Spurrell, 1939).

A little later Waring and Black (1934) published a good review article on *The syndrome of obstruction in the lesser circulation* which they characterize by dyspnoea, cyanosis, polycythaemia and right ventricular hypertrophy resulting from prolonged obstruction to the circulation. Their list of causes ranges from congenital heart disease (pulmonary valvular stenosis) at one end to rheumatic mitral stenosis at the other end of the lesser circuit; the discussion includes a clear description of pulmonary arterial thrombosis and embolism as causes. This appears to be the first instance of the latter mechanism being clearly recognised as a cause of chronic cor pulmonale. In their clinical account of the syndrome they also comment on the occurrence of substernal pain, resembling angina pectoris, and attacks of unconsciousness; two manifestations of pulmonary hypertension which have lately been receiving a good deal of attention.

Belt (1939) described four cases and discussed mainly the pathological features of this condition but made one pertinent comment concerning the clinical diagnosis; ". . . . it seemed evident that what were probably embolic seizures had been regarded clinically as heart attacks or, if the lung was infarcted, as pneumonia." Carroll's report (1950) was concerned with both pulmonary arterial thrombosis and embolism but four of his five cases were examples of the latter. He points out that a single pulmonary embolus in usually fatal if massive or is followed by complete recovery if small, but should survival occur after a large embolus or should the process be recurrent the picture of chronic cor pulmonale may develop. His four cases were similar in all essentials but individually demonstrated a variety of features. Case I was a 35 year old man whose first embolism followed appendicectomy and who later developed dyspnoea, fainting on exertion and cardiac failure, together with further attacks suggestive of pulmonary embolism. Autopsy revealed thrombosis in the right femoral vein and numerous emboli and infarcts of various ages in the lungs. The second case was a 41 year old woman whose first recognised embolism occurred six weeks after an attack of thrombophlebitis in the right leg. This patient developed right-sided heart failure and radiographs showed a cavity in the left lung. Cardiac catheterization demonstrated pulmonary hypertension. This patient died 20 months after the initial thrombophlebitis and at autopsy organised thrombus was found in the femoral vein and there was an old massive pulmonary embolus in the left lung with an excavation of most of one lobe which was secondarily infected; this lung also contained old tuberculous disease. Case III was a 45 year old man whose illness ran a rapid pyrexial course after his initial embolism. Autopsy revealed infected thrombi in the inferior vena cava and right common iliac vein, with numerous infected infarcts in the lungs due to emboli and subsequent local extension of thrombus. All these cases had right ventricular hypertrophy. The last case, a 30 year old man, was diagnosed at exploratory thoracotomy after an illness lasting over two years. He had dyspnoea, orthopnoea and mild failure, several attacks of unconsciousness and one clinically identifiable pulmonary embolus. Cardiac catheterization revealed right ventricular hypertension but a radiograph of the chest showed an oligaemic left lung field. Angiocardiography demonstrated that the left pulmonary artery did not fill. At thoracotomy the left pulmonary artery was found to be completely occluded and biopsy showed this to be due to thrombus.

Since Carroll's paper this condition has been recognised here during life in several patients; during the last eight months I have seen four such cases in the wards and three, including one of these four, have been presented at clinico-pathological conferences. A 43 year old woman had a suggestive history and physical signs but the picture was confused by a loud systolic murmur and thrill in the second left interspace. Autopsy revealed numerous old and recent emboli with enormous dilatation and hypertrophy of the right ventricle; the only possible cause found for the systolic murmur was partial occlusion of one pulmonary artery by an embolus projecting from a branch. The ovarian veins were distended and contained thrombi. In a 26 year old woman the source of emboli was found to be a thrombosed innominate vein; no cause for this was determined. A 19 year old girl died after an illness of two years duration characterised by " fainting spells " on exertion, increasing dyspnoea and development of severe congestive failure; autopsy confirmed the diagnosis but did not reveal the source of the emboli. In another patient, angiocardiography demonstrated obstruction of the right pulmonary artery, similar to Carroll's patient, and a large persistent filling defect in the right atrium suggesting a thrombus or tumour there as the source of the emboli. In the remaining two patients, evidence of leg vein thrombosis suggested the source of the emboli. Several of these patients have shown what would seem to be a useful sign on the radiographs, namely enlargement of the right ventricle and pulmonary conus but with diminished vascular markings in the lung fields.

Recently Barnard (1954) has suggested that the association of pulmonary emboli and chronic cor pulmonale may be extended, for on the basis of some earlier reports (e.g. Belt, 1939) and his experimental work in rabbits he postulates that pulmonary arteriosclerosis and hypertension may be the end result of the organisation of multiple minute emboli.

In summary then it would seem that multiple pulmonary embolism is a cause of chronic cor pulmonale of sufficient frequency to be included in the consideration of practical differential diagnostic problems. The full clinical picture includes evidence of a source of emboli and recurrent attacks interpretable as being due to pulmonary embolism (chest pain, cough, haemoptysis, radiographic signs, etc.) associated with the progressive development of dyspnoea, cyanosis, polycythaemia, cardiac enlargement with increased pulmonary second sound and a gallop rhythm, and finally congestive heart failure; investigations may show radiological evidence of cardiac enlargement affecting the right chambers with a prominent pulmonary conus but light lung fields, a developing pattern of right ventricular hypertrophy in the electrocardiogram and pulmonary arterial hypertension. The full clinical picture will rarely be seen complete in any single patient but a sufficiently high index of suspicion should enable the diagnosis to be made in most cases. The clinical accounts published show that the course is progressive, often rapid, and the prognosis correspondingly unfavourable.

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HEARD AT THE COLLEGE

The morning after the Residents' Dinner

College Porter to itinerant barrel organ player :—

" Don't you play that here—there are doctors sleeping and they've been up all night ! "

(*I.B.O.P. moves on.*)

CORRESPONDENCE

Letters to the Editor of the Gazette

Theory and Practice

SIR,—It is good and progressive to have an enquiring mind : to think about this and that and why and wherefor. " Theirs not to reason why, theirs but to do or die " is not accepted without question in 1954.

The cost of living is very high. The pound, we find, is worth about 5*s*. of its pre-war spending power. The cost of running Guy's Hospital has risen from something like £200,000 per annum pre-war to £1,500,000 at the present time. An economy drive is on.

Within reason this is a very good thing. There are many ways of being more careful and economical in our use of, shall we say, X-rays (medical and surgical 641,000 per annum), expensive drugs and medicines which need not be used so lavishly, electricity, ambulances, etc. An economy in this direction was needed, but there are many things which puzzle us and to which we ask " why ? "

A few years ago and, again in the interests of economy, the Nurses' Home Kitchen was dismantled as a cooking department, and the cooking was centralised in main kitchens. Privately we had qualms about this. Food cooking in bulk and conveyed some distance is not as hot, palatable or attractive as that cooked on the spot in lesser quantities. Great wastage was bound to occur both in the kitchen and on the nurses plates. Nevertheless, we all suffered it in the interests of the hospital.

Today we have reverted to cooking in the Nurses' Home. At great expense—should we be far wrong if we estimated it as £60,000 ?—cafeteria equipment is installed, steamers, fryers, and all the trappings of cooking in a big way have re-appeared. We wonder how long it would take to save £60,000 by an X-ray here and a dose of penicillin there ?

In the course of the year the Nurses' Home dining room has been entirely re-chaired : about 200 bentwood and apparently perfectly good chairs disappeared into the blue and new chairs appeared. These by the way, are already looking shabbier than their predecessors.

About 600 pairs of chintz curtains sprang into being at the Nurses' Home windows. Divan beds were installed in the bedrooms. What is the cost of all this ? Do not think that we are ungrateful for these luxuries, they are delightful and most comfortable, but we want to be assured that they were really necessary and that we have not contributed to the gloom of the economy drive and the cutting down of essential staff now contemplated.

Would not short muslin curtains at the windows and interior sprung mattresses on the old bedsteads have been more economical ? We could have bought the base of the divan beds later when our financial position was in a rosier state.

Nurses occupying bedrooms in the Nurses' Home which have not had their walls *washed* (we did not say painted) for twenty years would be grateful for a little money spent on soap and water and the Works Department to remove Borough grime of twenty years standing. To have them painted, it appears, is a dream past praying for. Before the war it was the custom to wash every room and every ward once a year. It *really* was necessary as every dweller in S.E. London knows. Are we getting less clean as a community ? The cause of low grade sepsis in the hospital and amongst the nursing staff is exercising many minds. Could it be just plain dirt ?

Can anyone passing Guy's Shop supress a shudder ? Do any of our American friends visiting Guy's see it as a specimen of our hygiene ? In passing, could we suggest that Guy's Shop is again run as a good shop with great profit to Guy's? (Messrs. W. H. Smith are already selling soap and powder, tooth paste and the like which folk are unable to obtain at the Shop—even if their sensitivities allowed them to visit such an unsavoury spot). We are all proud of Guy's Hospital and jealous of its good name. Dirt in a hospital is unforgivable.

Before the war wards were systematically painted every ten years. William Gull was painted and re-opened two years ago at quite considerable cost. We hear rumours that it is about to be painted again. Allowing for the inferior paint of modern times (though I.C.I. might call this a lie) can it be that *un*washable distemper was applied two years ago and the cost of repainting will be in the region of £300 ?

The Borough (God bless it !) can hardly be described as a clean place, the per cent. of dirt which falls per square foot must be tremendous (no one who sees the curious things flying out of Guy's chimney will deny this), but if any of us were fortunate enough to possess property in the Borough would we *really*, in the interests of economy, paint it *cream* as the houses in St. Thomas Street are being painted ? Would any modern house decorator faithfully *distemper* ceilings *white* as we still do in dear old Guy's ?

It is easy to criticise. This letter is not written in that spirit but, rather, it is from an enquiring soul who signs herself (as a well known advertisement)—

GUY'S BEST FRIEND.

Guy's Men in South Africa

SIR,—How very nice of Mr. Doherty to give the names of the old Guy's men Sir John Conybeare and he met during their visit to South Africa, and it is easily understood how much they both enjoyed seeing them again.

To me personally, it is most interesting to hear of the Guy's men of the Twenties; some of them I had the pleasure of working with and knowing well, and indeed it is most pleasing to hear of those old colleagues again.

I am sure those grand rugger players must have been delighted to see their old captain again, and their old captain equally so delighted in seeing them.

Thank you Mr. Doherty for your letter and kindness in giving us news of our old South African friends.

Yours etc.,
EVAN T. LLOYD.

Empton,
Kington, Herefordshire.

Passim : Grants to Married Students

SIR,—I regret that printer's errors in the letter from me which you published in the last issue of the *Gazette* oblige me to trespass further upon your space.

Reference to the original of my letter will show that I wrote " I suspect that I am *not* alone among old Guy's men . . . ." I think you will agree that the omission of the word ' not ' alters the whole sense of my letter. There was a lesser error at the end of my first paragraph—I wrote " . . . material that appears in today's Passim." I shall be obliged if you will be so kind as to publish this as a correction.

Yours etc.,
H. A. H. HARRIS.

Southborough House,
Chelmsford.

SIR,—We suspect that we are not alone among Guy's men in blushing with shame that an old Guy's man should be capable of producing so petulant and offensive a letter as that which appeared in your last issue, irrespective of his opinions.

Yours etc.,
DAVID S. SMITH.
D. S. ROBERTS.

Surgery of Two Centuries

SIR,—With reference to the photograph on page 206 of your issue of 15th May, 1954. The figure on Sir Arbuthnot's right hand is undoubtedly my father, B. A. Richmond (not G. E.). This is confirmed by my brother and my father's sister, aged 87. I know that he was house surgeon to Lane at about that time.

I regret that I cannot help you with any of the unidentified members of the group.

I may mention that the third generation of my family is now at Guy's, in the person of my daughter, Shirley Ann, who has been a member of the Nursing Staff since last January.

Yours etc.,
J. H. RICHMOND.

6 Tettenhall Road,
Wolverhampton.

Medical Mispronunciation

From Dr. J. Joseph

SIR,—I hesitate to cross swords with Dr. Vertue, partly because I greatly admire his classical knowledge and partly because of his compliment to the Anatomists. It may therefore appear churlish for one of them to suggest that it is really impossible to hope that English words derived from Latin and Greek will retain their original pronunciation. Does he really want us to pronounce the word " radius ", whether the common English word or the Anatomical structure, as it is pronounced in Latin ?

Perhaps another example will emphasise my point. At a recent meeting of the Anatomical Society one speaker persisted in referring to the " *mĭcroglia* " instead of the " *mīcroglia* ". This may be due to the fact that he knew the Greek origin of the first part of the word, but would he ever say " *mĭcroscope* " instead of " *mīcroscope* " ? In addition, the Oxford Dictionary, Webster's Dictionary and the two best known Medical Dictionaries agree that the " i " should be long and not short.

There are many examples of words which have acquired an Anglicised pronunciation, whether they are derived from Latin, Greek, French, Italian or any other language, and similarly English words, when taken into a foreign language, change their pronunciation. I have noticed that the Oxford Dictionary is very generous in its allowing more than one pronunciation—something to be thankful for when someone from North of the Tweed lectures in Southern England.

Yours etc.,

J. JOSEPH.

Anatomy Department,
Guy's Hospital Medical School.

An Unpopular Decision

SIR,—With reference to the letter published in your last issue concerning the notice banning the nursing staff from the students' quarters, we would like to add our appreciation of their sentiments. We do feel, however, that if there was a club room with a canteen (as in the Nurses' Home) on the premises where the medical and nursing staff could go, the terms of the notice would be a little less harsh. It is generally considered among the nursing staff anyway, that in a large hospital such as Guy's there is very little scope for social activities, we suggest that a room could be set aside somewhere in the hospital for this purpose—it could be utilised by existing clubs, *e.g.*, Theatre Club.

We feel sure that the House Committee must appreciate how expensive and difficult it is to always have to go outside the hospital to meet one's friends.

We shall be interested to hear other people's views on this matter.

Yours, etc.,

TWO OF THE NURSING STAFF.

SIR,—I read with interest the letter from Guy's residents on the question of Nurses visiting the Students' Hostels.

This letter appears to be bristling with righteous indignation—so obviously from the young, gallant and generous on occasions, but not considering well all the responsibilities of the Hospital.

The notice in question stated that Nurses *in training* were forbidden to enter the portals of the students' quarters but—this is a very big ' but '—the world is not always generous or kind. Is it *wise* for any girl to lay herself open to questionable gossip or would any student who held her in high regard wish her to be the subject of gossip ? Human nature being what it is, it is sometimes necessary to protect the unwise from themselves. This is what the Hospital tries to do *in loco parentis.*

In law those over the age of twenty-one are held responsible for their own actions but it does not necessarily follow that they are endowed with wisdom.

Hypothetically, Nurse Desirée Goldilocks is seen to enter the students' quarters at 10 p.m. and to leave it at 2 a.m. She may be playing cats cradle with her favourite house surgeon but the world, in its horrid way, puts the worst construction upon it. Thus it is that gossip is started which may have repercussions upon the careers of the student or nurse, bring discredit to the good name of Guy's which the Hospital authorities are anxious to avoid, and altogether it is a very silly thing to do.

You may say this rule does not apply to lady students. With lively recollections of a Residents' Play, we must leave this to the wisdom of the Hospital authorities.

Yours etc.,

A MEMBER OF THE NURSING STAFF.

We feel that we should make it clear that the residents who wrote the letter in question were those of St. Christopher's Hostel, not the College Residents, that is to say, the house officers of the Hospital.—EDITOR.

MUSIC CLUB CONCERT

On 17th June the Music Club once more brought together members from many walks of life, and with the assistance of a few friends from outside presented a varied programme of choral and instrumental music.

There is probably no other hospital entertainment which depends on the regular support of so many individuals with such different duties and hours of employment, and the mere presentation of a concert is cause for congratulations to the Secretary and his helpers.

The first item was a Bach cantata "The Lord is my Shepherd." It was disappointing to see so many heads buried in the copies in what is a comparitively easy choral work, and inevitably the conductor failed to achieve the crispness of attack for which he was striving, and the final chorale lacked the breadth and serenity one would have liked. The contralto aria, however, was delightful. Miss Lesley Wood gave us a bright and clear tone, and sensitive interpretation, and we were sorry not to hear more of her. She was backed by Oboe and 'Cello obligato ; both gave us excellent tone and merged sensibly with the singer, although some of the very long semiquaver runs for the oboe were of necessity broken.

The next item, a Trio Sonata by Suck, included two Guy's instrumentalists, Jeremy Hall—Oboe, and James Adams—Violin, together with Susanne Featherstone—Violincello. They were warmly applauded for a neat and well rehearsed performance, which was always pleasant, if a little lacking in variety of expression.

The first half concluded with a short recital of songs by Mahler, sung with great artistry by Miss Eileen MacLauglen, with Mr. Marshall, the conductor, now in the role of accompanist. Endowed with a great gift, she brought intelligent and sensitive interpretation to songs requiring a wide range and great control. Her high, sustained, quiet notes made the whole theatre resonate—a memorable experience for those fortunate enough to be present. We have not heard her equal at Guy's for many years.

In the second half the choir came into their own. Inspired, perhaps, by a very confident performance of the Overture by the orchestra, they sang the first two of Haydn's " The Seasons " with assurance and evidence of enjoyment. The soloists were again in complete control of their parts, and Mr. Marshall, alternating between the rostrum and the piano stool, managed his dual role so efficiently that we can only regret that this is his last concert with us before he leaves to take up his new appointment with the Old Vic company.

Finally two suggestions. The disposal of the choir in two rows, twenty across, whilst suiting the shape of the theatre, imposes a considerable strain on conductor and singers alike. More unity and control might result from dividing the orchestra into two parts, and concentrating the choir in three or four rows in the middle. Secondly, a full-time accompanist at the piano would have materially assisted the small orchestra, particularly in the Bach, and incidently allowed Mr. Marshall to concentrate entirely on conducting.

M.D.A.V.

REVIEWS

Progress in Clinical Surgery. A Symposium Edited by RODNEY SMITH, M.S., F.R.C.S. J. & A. Churchill. *Price* 36*s*. 0*d*.

Within a few weeks two books have been published covering much the same ground in similar fashion and addressed in both cases to the young post-graduate student of surgery. It is difficult therefore to avoid comparing them. One is " Recent Advances in Surgery " ; the other the book which is reviewed here. After a careful perusal of both, they may be said to be complementary. What one has done well and fully, the other has tended to neglect ; and where both have shone, the emphasis has been slightly different so that, either the same subject has been studied from a different viewpoint, or a different aspect has been illuminated. This work is under the general direction of Rodney Smith of St. George's Hospital and from a Jacksonian Prizeman of his distinction a high level of literary quality is to be expected. This, with very few exceptions. has been realised and where so much is excellent, it might be invidious to pick out certain sections for fear that those omitted might be deemed to have earned stricture by default. This is not the intention and particular praise must be given to those sections of the book dealt with by the Editor himself which are clear, concise and informative. R. H. Franklin contributes an excellent paper on the difficult subject of 'The Surgery of the Oesophagus' and Victor Riddell, a member of the local team, is to be congratulated on his chapters dealing with the thyroid and the breast. Only one section is by a Guy's man, and to a reviewer who tries hard not to be prejudiced, this is incomparably the best section of the book. The essay on 'Peripheral Vascular Surgery' by Sol Cohen is outstanding for its literary quality, its wide learning, its clear presentation and its sensible direction. Some while ago Mr. Cohen condemned the axillary approach in sympathectomy on the grounds that it was liable to produce hæmothorax—a complication that has never been reported and is, so far as your reviewer is aware, unknown. Now he modifies this view to the extent of saying that " This operation has not proved popular in this country." This at least is an advance, although it is probably as incorrect, at least in respect of the younger surgeons, as the initials which he ascribes to the chief protagonist of the method in his list of references.

This is a book which should be read, and possessed, by every candidate for the higher degrees and diplomas in surgery and is a delightful mine of information for the more senior surgeon who wishes to keep up-to-date in fields which he is no longer able to explore himself.

H.J.B.A.

Cardiography. By WILLIAM EVANS, M.D., F.R.C.P. Second Edition. Butterworth & Co., Ltd. *Price* 45*s*. 0*d*.

The second edition of Dr. Evans' monograph is beautifully produced, strongly bound and printed on high gloss paper. Even so, forty-five shillings is a lot of money. Almost all the illustrations are clearly printed and the diagrams are simple and easy to understand.

Unfortunately, it is likely to be of little value to the undergraduate at Guy's. The discussion of electrocardiographs is concerned largely with the bipolar CR leads, whereas at Guy's and most other hospitals the unipolar chest leads are in standard usage. Furthermore, the second half of the book is based largely on phono-cardiographic studies and we have no phonocardiograph at this hospital

Even were this not the case, it could not be whole heartedly recommended to the student for it is a complicated book and more likely to help those who already have some knowledge of the subject.

C.L.J.

Hospital at Work. Published for the Middlesex Hospital by MAX PARRISH. *Price* 3*s*. 6*d*.

This is an illustrated account of the activities of a London Teaching Hospital. The photographs are of a uniformly high standard and few of them have any suggestion of a " pose." For a book of its size, it covers the range of activities in a diverse if not comprehensive manner. There is no hint of the sensational.

It is to be hoped that this very moderately priced publication will gain a wide distribution amongst the general public and, in doing so, foster a greater understanding of what are, after all, institutions of which we may be justly proud.

B.T.

A Doctor's Casebook in the Light of the Bible. By PAUL TOURNIER. S. C. M. Press Ltd., 1954. 256 pp. *Price* 16*s*.

Dr. Tournier was born at the turn of the century in Switzerland and studied medicine in Geneva and Paris. Since 1947 he has been an active member of a group concerned with Christian Faith and Medical Practice, meeting under the auspices of the Ecumenical Institute of the World Council of Churches, Bossey.

The writer tells us that this book was written at the request of his colleagues, and is a reflection of a series of conferences at which various problems that confront medical practitioners were discussed in the light of the Bible ; the person, life and death, disease and sin, the gift of healing, relations with the patient, the team spirit, social medicine, love, marriage and celibacy, the meaning of dreams, and the aim of medicine.

" What is the aim of Medicine " ? Dr. Tournier tells us it " means freeing men, as far as in us lies, from suffering, but it also means freeing them from loneliness, from their anxieties, their remorse, from their rebelliousness, and from all the enslavements that compromise their physical, psychological and spiritual health."

This book deals with the philosophy of medicine ; but it is also of interest to ministers of religion, psychologists, welfare workers—in fact anyone who, in dealing with people, is trying to help them to become whole persons—in body, mind and spirit.

A.C.G.

SPORT

BLUES, 1954

At the Blues' Committee Meeting held on 27th April, the following awards were made :

CLUB	BLUES	HALF BLUES	
Rugby	R. T. Hawley	D. M. Hobbs	M. Lindsay
	W. Hackitt	R. C. Morgan	J. Van den Berg
		J. V. V. Lewis	S. A. R. Cooke
Association Football	K. Watmore	N. Knight	
Hockey	H. M. Tuddenham	R. W. Elsdon-Dew	M. Mackenzie
		D. Laney	N. Cooke
Tennis	J. Osborne	R. W. Elsdon-Dew	T. Quant
Golf	D. M. Holmes	N. Gracey	
Fencing	W. A. Miller	J. P. Voos	
	C. J. Wilkinson	J. Kamps	
Squash	A. N. Pollock	M. P. G. Chignell	D. Palmer
		S. Lam	
Boxing	J. Allardice	A. V. S. Jones	
	D. Howard Allen	L. B. Lux	
	R. A. Peebles		

THE UNITED HOSPITALS SWIMMING GALA

The United Hospitals' Swimming Gala was held on Tuesday, 15th June, at Bethnal Green, and Guy's successfully defended the Inter-Hospitals' Swimming Cup which they have held for the last two years.

Although P. Hewitt was the only individual winner for the hospital (in the 100 yards Backstroke), J. Kendall, D. Rees and J. Allardice gained valuable points.

Both the medley relay and the freestyle relay were very close races and although Guy's were beaten into second place by University College Hospital in the medley, they won the freestyle, and this proved sufficient to retain the cup.

Team :
D. Rees, J. Kendall(Captain), P. Hewitt, J. Allardice, P. Wege, B. Maitland, K. Thomas, Miss S. Hutchinson, Miss M. Fairfax.

CRICKET

Cup Match

Guy's *v.* Bart's.

This match was played on 3rd June, at Chislehurst, N. R. Cooke, as he is wont, won the toss and elected to bat. The pitch, although damp, offered no terrors for the batsmen and was easy paced throughout the game. Runs accrued at a fair pace and with the score at 59 for 3, Atkinson was joined by Mackenzie. The former was in devastating form and the century partnership was reached in the hour, of which Atkinson had contributed 70. When he eventually was out for 104, the game had swung completely into

Guy's favour. The remaining batsmen made it their object to score as many runs in the shortest possible time. This they did to such good effect that Guy's declared after 3 hours 15 minites batting at the total of 263 for 9. When the turn of St. Bartholomew's came to bat they found Atkinson in equally devastating form with his medium paced swing bowling. He at one stage took 3 wickets for 0 runs in 3 overs. The St. Bartholomew's batting was raised from mediocrity by a glorious innings of 67 by M. Brainbridge who drove with great majesty and showed a delicate touch all round the wicket.

The Guy's fielding and catching was a great improvement on previous displays, with W. Howells behind the stumps in good form taking 3 catches and 1 stumping.

St Bartholomew's found the Guy's attack too steady and eventually were all out for 132, leaving Guy's the winners by 131 runs.

In the semi-final Guy's meet the holders Middlesex.

Guy's

N. R. Cooke b. Rosborough	12
W. Knapman, b. Rosborough	15
D. Atkinson, b. Rosborough	104
D. Tunnadine, b. Winton	6
M. Mackenzie, c. Bloomer, b. Ford	54
A. Gunn, run out	21
W. Howells, b. Ford	19
H. Bissoon-Dath, b. Ford	7
F. Young, c. Brainbridge, b. Ford	10
M. Willis, not out	6
M. Lyon, did not bat	
Extras	11
Total for 9 wickets	263

Bowling	O.	M.	R.	W.
Lyon, M.	7	—	31	1
Mackenzie, M.	16.2	3	61	2
Atkinson, D.	7	3	15	3
Bissoon-Dath, H.	5	2	8	1
Willis, M.	11	4	10	3

HOSPITAL INFORMATION

BIRTHDAY HONOURS

Knight Batchelor

Russell Claude Brock, M.S., F.R.C.S., F.A.C.S.

O.B.E. (Military Division)

Mark John Lindsey, M.C., T.D., M.B., B.S.

APPOINTMENTS

Mr. J. B. Blaikley has been appointed honorary consultant in gynaecology to the Queen Alexandra Military Hospital, Millbank, in succession to Mr. Frank Cook.

David J. Tibbs, M.C., F.R.C.S., appointed Reader in Surgery to the University of Durham and Assistant Surgeon in the Royal Victoria Infirmary, Newcastle-on-Tyne.

Anthony A. Collis, M.B., B.S., D.A., Assistant Anaesthetist (SHMO), to the Mid-Glamorgan Group of Hospitals.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Dr. E. R. Boland, has been re-appointed one of the representatives of the College on the Central Medical Recruitment Committee.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Examiner

Diploma of L.R.C.P., M.R.C.S.
Elementary Biology.
G. E. H. Foxon

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the following Fellowships and Studentships. Applications should be made not later than **10th July, 1954,** on a form to be obtained from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

THE ADRIAN STOKES MEMORIAL FELLOWSHIP

The Fellowship is open to qualified Medical Practitioners or Graduates in Science, in Pathology or Bacteriology. Applicants must not be more than 30 years of age and must be anxious to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure, at a University, School or Hospital or other institution, subject to the approval of the School Council, except the School in which he has received his medical or scientific education. The Fellowship is of the value of £244.

THE ARTHUR DURHAM TRAVELLING STUDENTSHIP

Candidates for the Studentship must be registered medical practitioners who have studied at Guy's Hospital Medical School. The Student is required to proceed abroad for the purpose of carrying out such investigations as may be approved or directed by the Board of Electors, and shall undertake to reside continuously abroad for a period of not less than six months. The Studentship is of the value of £204.

THE FRANCIS LETT SCHOLARSHIP

Candidates for the Scholarship must have studied at Guy's Hospital Medical School, and are eligible up to five years after qualification, excluding the period of Military Service. The Scholarship may be held by itself or in conjunction with other Studentships. The purpose of the Scholarship is to enable the Scholar to obtain experience in other Medical Schools or Hospitals, at home or abroad. Candidates must submit their proposed programme with their application. The Scholarship is of the value of £430.

THE GREVILLE STUDENTSHIP

The Greville Student, who is required to devote himself to original investigation in connection with the subject of Cancer, holds the appointment for a period of two years, renewable annually for a further period of three years, making five years in all. The Studentship is of the value of approximately £28 per annum.

(Continued over)

THE BEANEY SCHOLARSHIP FOR MATERIA MEDICA

Candidates for the Scholarship must have received part at least of their medical education at Guy's Hospital Medical School. The object of the Scholarship is to advance knowledge of Materia Medica (including Pharmacy, Pharmacology and Therapeutics) by supplying the Scholar with the means of carrying on original investigation in these subjects. The Scholar holds the Scholarship for three years and is eligible for re-election. The Scholarship is of the value of approximately £87 per annum.

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Resident House Physician (with Casualty Duties) for six months from 1st August, 1954. Appointment recognised for the D.C.H. Candidates must be registered practitioners and should apply giving age, nationality, qualifications (with dates) and copies of three recent testimonials, to the Hospital Secretary by **15th July, 1954.**

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 *line* 2*s* 6*d* 3 *lines* 6*s. Box Numbers* 6*d. extra.*

Ordinary rates :
1 *line* 6*s.*, 4 *lines* 20*s. Box Numbers* 9*d. extra.*

Replies to Box Numbers should be addressed to Gazette *Office, Guy's Hospital, London, S.E.* 1.

Wanted

DENTAL ASSISTANT required with view early partnership, busy country dental practice near South Coast. Ex-Service preferred but not essential. Black, Edworthy & Jones, 14 Upper Lake, Battle, Sussex.

WILKS & BETTANY. History of Guy's (2 copies required). Box 47.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

J. R. Dickson
J. G. Hamilton
M. Kugler
M. J. May
*B. H. Pickard
N. H. Porter
E. F. Soothill
W. F. W. Southwood
O. L. Thomas

**Laryngology*

GUY'S HOSPITAL MEDICAL SCHOOL

Golding-Bird Gold Medal and Scholarship in Bacteriology, 1954.

J. D. Broome

PAPERS BY GUY'S MEN

Bishop, P. M. F. Cortisone and its Present Status as a Therapeutic Agent. *Medical Annual*, 1954. P. 110.

Bradley, W. H. Articles in *Medical Annual*, 1954. Air Pollution and Community Health, p. 25 : Bacteriophage—typing and Epidemiological Problems, p. 54 : Dysentery, p. 134 : Enteric Fever in Bombay, p. 144 : Epidemiological Methods in Preventive Medicine, p. 146 : Health Education of the Public, p. 174 : Poliomyelitis : Possibilities of Immunization, p. 300 : World Health Organization, p. 459.

French, J. M. Sprue-Tropical and Non-Tropical. *Med. Pr.*, 1954, **231**, 448.

French, J. M., Hawkins, C. F. and others. The Influence of Gluten and Antibacterial Agents on Fat Absorption in the Sprue Syndrome. *Gastroenterologia*, 1954, **81**, 98.

Houghton, L. E. The General Management of the Phthisical Patient from the Physician's Standpoint. *Postgrad. med. J.*, 1954, **30**, 278.

Kesson, C. W. Asphyxia Neonatorum due to a Nasopharyngeal Teratoma. *Arch. Dis. Childh.*, 1954, **29**, 254.

Lane Roberts, P. A. A Danger of Peptic Ulceration. *Brit. med. J.*, 1954, i, 1295.

Lane, R. E. and others. Follow-up of Medical Inpatients in a General Hospital. *Lancet*, 1954, i, 1229.

Parfitt, Gilbert J. A Standard Clinical Examination on the Teeth. *Brit. dent. J.*, 1954, **96**, 296.

Parsonage, M. J. Electro-Encephalography *Med. Pr.*, 1954, **231**, 547.

Reinhold, John. The Survival of Transfused Red Cells in Acute Rheumatic Fever with Reference to a Latent Haemolytic Mechanism. *Arch. Dis. Childh.*, 1954, **29**, 201.

Venner, Albert. Massive Left Atrium and Mitral Valvotomy. *Brit. med. J.*, 1954, i, 1359.

Wheatly, David. Cardiac Emergencies. *Proc. R. Soc. Med.*, 1954, **47**, 327.

CHANGES OF ADDRESS

Anthony A. Collis, M.B., B.S., D.A., 17 Ewenny Road, Bridgend, Glam. (Tel. : Bridgend 1238).

F. J. Colvill, M.B., B.S., Monks Kirby, Rugby (Tel. : Pailton 348).

J. D. Grene, M.R.C.S., L.R.C.P., D.T.M. and H., 8 Castle Street, Warwick and Tinker's Hatch, 105 West Street, Warwick. Tels. : Warwick 289 and 1105).

J. M. Holmes, M.D., M.R.C.O.G., 14 St. Thomas's Street, S.E.1.

S. P. Johns, F.D.S., R.C.S., " Marden Thorns" 80 Long Lane, Ickenham, Middx. (Tel. : Ruislip 6427).

BIRTHS

BUCKLEY.—On 2nd June, 1954, at Southport, to Joan (nee Lucas), wife of J. H. M. Buckley, M.B., B.S., twin sons.

MASTERS.—On 7th June, 1954, at Lewisham Hospital, to Maria, wife of Peter Masters, M.D., D.C.H., a daughter, a sister for Anne and Naomi.

OWEN.—On 11th May, 1954, at Liverpool Maternity Hospital, to Margaret Irene (nee Brown), wife of Robert Owen, M.Ch.(Orth.), F.R.C.S., a son (David Robert Llywelyn), a brother for Gwyneth.

PILCHER.—On 17th June, 1954, at the Military Hospital, Catterick Camp, to Elizabeth Margaret (nee Smedley), wife of Major R. K. Pilcher, R.A.M.C., a son (Richard), a brother for Anne.

THORNE.—On 25th May, 1954, at Guy's Hospital, to Dorothy, wife of M. G. Thorne, M.D., a daughter (Anne), a sister to Katherine, Elizabeth, Sarah and Robert.

MARRIAGES

COVILL—TOONE.—On 27th March, 1954, at All Saints Church, Allesley, Nr. Coventry, F. J. Covill, M.B., B.S., to Mrs. Enid Toone.

HUDSON—KIRBY.—On 19th June, 1954, at Leigh-on-Sea, Essex, Ian Donald Hudson, to Doreen Vera Kirby.

VICKERS—ANSELL.—On 22nd May, 1954, at St Francis Church, West Wickham, Michael D. Vickers to June Ansell.

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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PASSIM

LAST Tuesday the Queen conferred the accolade of knighthood on Mr. R. C. Brock. Sir Russell Brock, as we shall now know him, has made original contributions to thoracic, and in particular cardiac surgery which are widely recognized throughout the world.The respect and warm affection with which he is acclaimed at Guy's is, of course, coupled in our minds with the knowledge that in this place there now exists a team of physicians and surgeons with an unsurpassed experience of the problems of the surgery of the heart and great vessels. The high honour which has just been conferred upon Sir Russell (of whom we publish a recent picture page 270) is a constant source of pride to every one of us here.

We offer our very warm congratulations to Dr. W. N. Mann who has been appointed by the Queen to the distinguished office of Physician to Her Majesty's Household.

Mr. O. Gayer Morgan's retirement from the active staff, on reaching the official age limit last Monday, must be a source of peculiar regret to all Guy's men and women. He was appointed to the staff at Guy's thirty years ago and his long association with the Hospital started before the first world war. In our next issue we intend to publish an appreciation of his work among us. Meanwhile we extend to him our warm good wishes and hope that we shall see him scarcely less often now that he has reached *emeritus* status.

At the same time we welcome Mr. Charles Cook, senior registrar to the Eye Department, who has been appointed to succeed him. He will be Ophthalmic Surgeon here and at the Evelina Hospital. Mr. Cook, who received his professional training at Guy's, qualified in 1939. He had a distinguished military career during the last war, serving in the R.A.M.C., and being awarded the M.C. and G.M. in 1944. Since that time he has had wide experience of ophthalmic surgery and has made a special study of cortisone in the treatment of eye disorders.

In our last issue we published the names of two distinguished Guy's men who were awarded honours in the Birthday Honours List but we regret that we omitted to publish three further honours. We would like to offer our heartiest congratulations to Dr. N. L. Lloyd, who has been awarded the C.B.E., Drs. J. E. Davies and B. T. Squires (O.B.E.), and Major J. F. F. Rooney, (M.B.E.).

On page 271 we give an account of a visit made by a number of old Guy's men now in dental practice in South Africa. Some of their erstwhile colleagues who are still working at Guy's were delighted to entertain them. This reflection of the continuing *esprit de corps* of Guy's men will charm everybody and the production of that fabulous utensil, the Milk Churn was most opportune. The one thing we are sorry to report is that no official photograph of this gathering was taken. If any of the party has a good photograph which might be suitable for reproduction in our columns, we should be delighted to receive it.

On Monday, 28th June, a crowded audience heard Professor Bruce Mayes from Sydney lecture on *Breech Delivery*. His audience included both the Consulting Obstetric Surgeons Emeriti, all four of the Obstetric Surgeons, the Chief Assistant, the two Registrars and two R.O.'s. The lecture and film were of outstanding interest and Professor Mayes received a great ovation. In the afternoon, our visitor conducted a round which will long be remembered by all who were present.

The recent eclipse of the sun was probably watched by Guy's people in many places. Mid-day on Wednesday, June 30th, was marked by enthusiasts who, for some reason, developed a startling urge to look at x-ray plates in the Park. Others, more brazen, had developed complicated optical systems consisting of sun-glasses, old photographic negatives and other devices. For one well-known Guy's man the eclipse was total. Dr. R. L. Waterfield, a distinguished astronomer in his own right, was present on a flight to the Shetlands as a guest of Sir Miles Thomas and B.O.A.C. We are delighted to tell our readers that Dr. Waterfield has kindly agreed to give us an account of his trip and the scientific purpose which lay behind it. This will be published in an early issue.

During the past weeks the pulsating activity which is always a feature of the Front Surgery has been much intensified. Large spot lights have cast their concentrated beams into the accident theatre where, under the lenses of a variety of cameras, Mr. Patrick Clarkson and his assistants have been making a film record of the methods of treating open injuries to the hand. This important work has been done under the auspices of I.C.I. and will do much to show what can be achieved in an accident theatre for such injuries which, we understand, account for over 25 per cent. of the claims for injury or sickness today.

We note with pleasure that a complimentary luncheon was given for Mr. Douglas Wain, O.B.E., L.D.S., by the South Manchester Hospital Management Committee on the 28th May. This marked Mr. Wain's retirement after over twenty-seven years' service. During that time he has worked at Withington Hospital and the Christie Hospital and Holt Radium Institute, Manchester.

We congratulate the Lawn Tennis Club on their splendid performance in winning the Inter-Hospitals Cup.

Each summer we welcome undergraduates from other medical schools. This year we shall be host to students from America, Holland, Scotland and Ireland. We would like these visitors to know that they may have free copies of the *Gazette* during their stay at the Hospital. Copies may be collected from the *Gazette* Office, 6 St. Thomas Street, S.E.1.

We congratulate Mr. C. M. G. Buttery, a clinical medical student, upon his recent and unusual athletic achievement. Mr. Buttery who is an enthusiastic member of the Territorial Army was selected to take part in the Sabre Competition at the Royal Tournament.

Married students and their grants are being discussed by Burton-on-Trent Council now. We do not yet know what conclusions they have reached, but we hope that the sense of the Councillor who said " many more student hours could be dissipated during courtship than after marriage," will prevail.

We should like to remind our readers that entries for the Christmas Card Competition must be received at the *Gazette* Office by 3rd August.

GUY'S DIARY

JULY			Exhibition. Department of Surgery. *Incisions and Suture Materials.*
12th	M	1.00	Dr. L. G. Housden (Adviser in Parentcraft, M.O.H.). Clinical Lecture. *Child Welfare in a Welfare State.*
13th	T	5.30	3-D Film. Department of Surgery. *Surgery of Aortic Aneurysm.* Physics Lecture Theatre.
15th	Th	5.00	X-ray Meeting. Gordon Museum.
16th	F	1.00	Dr. Charles Baker. Clinical Lecture.
19th	M	1.00	Mr. L. F. W. Salmon. Clinical Lecture. *Catarrh.*
22nd	Th	1.00	Professor M. A. Rushton. Clinical Lecture (Medical). *Bony Enlargements of the Jaw.*
		5.00	X-ray Meeting. Gordon Museum.
23rd	F	1.00	Dr. Ralph Kauntze. Clinical Lecture. *The Management of Arterial Hypertension.*
24th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
26th	M	1.00	Mr. R. H. F. Brain. Clinical Lecture.

SIR RUSSELL CLAUDE BROCK,
M.S., F.R.C.S., F.A.C.S.
Thoracic Surgeon to Guy's Hospital

SOUTH AFRICAN GUY'S MEN

Members of the Dental Association of South Africa have been touring Europe, mainly to attend the Federation Dentaire Internationale meeting and the Dutch Jubilee Congress. In the party were a number of Guy's graduates and on the 18th June, Messrs. Badenhorst, Raubenheimer, P. J. du Toit, Theron, Steyn and Goldin paid an official visit to their old Hospital accompanied by Professor H. H. Louw, Director of the Oral and Dental Hospital of the University of Pretoria who arranged the tour. They found the School greatly changed and were impressed with the new equipment. However, they noted with delight that the old hand basins in the Conservation Room were still in use and some of them washed their hands just for old times sake. A visit to the Pre-Clinical Classroom showed that the wooden phantom heads on which they had practised were still in use but regret was expressed when they found the old foot engines had been replaced by electric apparatus !

Later in the Committee Room members of the Staff entertained their South African colleagues, a number of whom were accompanied by their wives. When Professor Johnston joined the party he was warmly welcomed by his former students who were soon recalling incidents of their student days. The conversation naturally turned to Rugby and those halcyon days when Mr. W. D. Doherty so successfully captained the team and Mr. C. L. Steyn was one of the brightest stars in the three-quarter line, and the season of 1922–23 when they were joined by Mr. W. Badenhorst.

The Milk Churn was produced and numerous photographs were taken before the South African contingent left the Hospital. We would like to receive copies of these photographs, so that one could be printed in the *Gazette*.

Thirty Years Ago

From Guy's Hospital Gazette, 5*th July*, 1924.

AN ANALYSIS OF THE GOVERNMENT BOOKLET ON INSULIN. We must all be agreed in approving the circulation by the Health Department of such pamphlets, and it seems hardly the thing to " look a gift horse in the mouth." Still, it is no use reading the book if one does not form an opinion . . . One must carefully notice that there is considerable danger in the use of insulin . . . The effect on depancreatised dogs is not to the point at all . . . Are not these gland extracts on the wrong principle, rather like giving a man with a wasted leg a crutch to avoid further use of the leg instead of stirring up nature to his assistance and recreating the feeble muscle? No, it seems to me that all the benefits talked of in this booklet are to be obtained by the diet and the glucose which are there advocated.

GUY'S THEATRE CLUB

POINT OF DEPARTURE

BY JEAN ANOUILH

Produced by T. B. Brewin

Will be performed in the Physiology Theatre, Guy's Hospital, at the following times :—

Monday ..	..	12th July,	1954 at	7.45 p.m.
Tuesday ..	..	13th ,,	,, ,,	7.30 p.m.
Wednesday	..	14th ,,	,, ,,	6.30 p.m.
Thursday ..	..	15th ,,	,, ,,	7.30 p.m.
Friday ..	..	16th ,,	,, ,,	7.45 p.m.
Saturday ..	..	17th ,,	,, ,,	3.00 p.m.
,, ..	..	17th ,,	,, ,,	8.00 p.m.

Applications by post (enclosing a stamped addressed envelope) should be addressed to the Secretary of the Theatre Club.

OBITUARY

TUDOR EDWARD HOWELL, M.B., B.S.

The death of Dr. Edward Howell has removed from us a friend who was a considerable personality during his time at Guy's in the thirties and later in the Civil Service. He came to Guy's in 1928, and after being H.P., H.S., and R.O., he spent a brief period in general practice before returning as Registrar and Chief Clinical Assistant in Medicine. He then became Demonstrator in Physiology and in Pathology, was Chief Assistant to Dr. Ryffel in the Department of Clinical Chemistry and Pathologist to the Evelina Hospital. His personality had always inclined him towards administration, and in 1938 he entered the Home Office as Medical Inspector of Factories. He later combined this with being Lecturer on Industrial Hygiene to Bristol University, until promoted to Deputy Chief Medical Officer of the Mines Medical Service in the Ministry of Fuel and Power. In 1950 he became Principal Medical Officer of Mines, which distinguished post he held until ill health caused him to retire.

He was small, erect and very trim. The appearance revealed much of the man. His clothes were quiet and meticulous (" For the *first* time," he said to me once, " you look just passably well dressed ") : he was exceedingly well shaven, as one who despised the safety razor, and well groomed. He was a predictable and dependable man of high principles and regular habits. He used to say that he had remained a batchelor because marriage would too far disturb his habits, but he was not so much of a slave to them as he made out. As one who had served in the Royal Air Force in the first World War, and had then spent ten years in mining engineering, he was older and more experienced than his hospital contemporaries. With a hint of a command in his manner, he was a man who could make his presence felt ; this, coupled with a habit of emitting a small double cough before making any pronouncement, rather as a conductor may engage the orchestra's attention by rapping with his baton, led to the nickname " Imperator " when he was President of the Residents. Under an affectation of testiness he enjoyed this appellation, for he was a modest man with humour, who liked to be teased. Behind the imperial manner, though it caused some anxiety to young probationers and even to timid dressers, there was a shrewd, sympathetic personality who was slow to condemn, so that he became the confidant of many who sought his advice.

He was a kindly man, but could also be very effective. We were dining once with some friends at Kahlenberg in the Vienna woods. A fellow-guest was tediously egotistical in describing the talents she showed in her own profession. Seizing a pause in this monologue, Teddy Howell handed her one of his visiting cards across the table and said, though quite disarmingly, " And now *I'd* like to talk to *you* about a very good doctor."

He was a good doctor in fact, a good administrator, and a very good civil servant. The regularity and routine of the Civil Service made a comfortable appeal to his personality, but he was also an excellent negotiator owing to the soundness of his judgment and the width of his human interest.

There was one department of life, however, in which his adherence to principle caused anxiety. This was motoring. He held that one should drive slowly in the country to enjoy the scene, but fast in the towns because they were dull. As a result he would sometimes find himself forced suddenly to take the wrong side of street refuges ; but this would cause him no more disturbance than the hooting protests of the processions of rural drivers whom his dawdling would hold up. In Italy before the war, I recall a nightmare figure with contorted face leaning furiously out of a Lancia as the cars had almost touched at a meeting speed of over 100 m.p.h. " Ha," said Teddy laconically, " Mussolini himself." Many of his passengers refused to drive with him again.

Though a man of habit, and almost a total abstainer, he had a great capacity for quiet enjoyment. His main interest was always in people, and even in illness he never lost it, while he liked also to ponder and reach considered conclusions on social problems, not least on those connected with mining and miners. In æsthetic matters he would emphasise that he was completely uninformed, but in fact he showed remarkably good taste both in what he admired and in what he bought.

His steadiness and self-control were of great support in the trying period of his invalidism, as was his housekeeper, Miss Violet Biggs, who had been with him for many years, looked after him devotedly, and whom he valued perhaps more than anyone else. She understood his habits ; his friends used to say that each morning she was ready at the door at seventeen minutes past eight, to place the well-brushed hat in his right hand, the folded newspaper beneath his left arm, and the umbrella at the junction of the lower third and upper two-thirds of his left forearm. Be that as it may, she understood him as well as his habits, and when he no longer went to the office, he lived in great comfort under her care. His courage in his illness, which he knew would be fatal, and his resilience in its crises, were a tribute to the man. " Of course it's got to come," he said on one of his admissions to hospital, " but really I thought I'd had it this time. Now, I'll tell you an interesting thing about that pretty little girl . . . "

M.P.

JACK HAES

John Andrew Haes died in *Addison* ward on June the 15th, in his eightieth year : he was born on Oak Apple day, 1875. This is as he would have wished—to end his mortal days in Guy's Hospital, which he loved so well. Shortly after the first world war he was operated upon in the old *Bright* ward by the late Sir Alfred Fripp, of whom he became a great friend and a sincere admirer. He conceived a real affection for Guy's at that time ; a touching faith in Guy's men and women persisted throughout the remainder of his days. His outstanding attribute was loyalty, together with honesty and generosity.

Another grateful patient of Sir Alfred, Bert Temple, an engaging character who died some years ago, founded the " Ancient " Order of Frothblowers by way of expressing appreciation. He himself was No. 0 ; Sir Alfred was No. 1 ; Jack Haes, a mutual friend, was No. 2, the " Cloudburst." Happy and convivial gatherings were held throughout the empire ; and, although the brewers derived considerable benefit, large sums of money were collected, and distributed to needy children by Sir Alfred and Lady Fripp. Needless to say, Guy's had a share.

Jack was a through sportsman, in the widest and the best sense of the term. His chief interests were Rugger (he was an old Rugbeian), rowing, cricket and a variety of field sports : the river and the countryside had great appeal to him. Following in his father's footsteps, he became a member of the Stock Exchange towards the end of the last century, in the palmy days. He fully enjoyed the London life of the Edwardian era. His main centre was the old Sports Club in St. James's Square, which subsequently became the East India and Sports Club after amalgamation in 1938. He continued to be an active and influential member of the committee ; his kindness and hospitality were remarkable, as many Guy's men and women have good reason to know.

He was an original member of the R.N.V.R. As such he paraded on a torrential day shortly before his death, and had the honour of being presented to Her Majesty. When the first world war broke out in 1914 he was considered too old for naval service under the conditions then obtaining; so he promptly joined the army and engaged in active service continuously in that capacity. Before the second world war it was commonly believed that London would be blitzed from the outset, and general evacuation took place accordingly, He then volunteered to come to London Bridge and help in any possible way. He remained throughout, and went very far to maintain morale and that happy atmosphere which prevailed at Guy's in spite of those alternating periods of boredom, frustration and terror which constitute a major war.

Of recent years life in this country has not been kind to the good sportsmen of an earlier vintage ; but he endured to the end. Last honours were paid to him on July the 1st at a memorial service in the newly restored church of St. James, Piccadilly—near to that Square in which he had spent so many happy hours. The chairman of his beloved club thus ended his admirable valedictory address : " We thank God for Jack Haes, and for his friendship."

F.C.

THE PLACE OF CORTISONE AND ACTH IN MEDICINE

An Address delivered at the Fourth Middle East Medical Assembly in Beirut, on 11th April, 1954.

By P. M. F. BISHOP, D.M., M.R.C.P.

LADIES AND GENTLEMEN,—It was Trousseau who said, about a hundred years ago, " Let's hurry, hurry: use the new drug before it stops curing." Most new drugs stop curing when, during the initial phase of over-enthusiasm, they begin to be used for conditions which they could not possibly cure. It is the disappointment occasioned by this realisation, coupled with the increasing discovery of snags and side-effects, which is responsible for the swing of the pendulum of medical opinion to the extreme opposite point on its arc, whence it drops eventually from sheer inertia and lack of interest to the vertical position, midway between ignorant enthusiasm and indiscriminate condemnation. After this, if the drug does not disappear entirely from the therapeutic scene, it comes to be used, and possibly abused, by a comparative multitude of individuals who are seldom voiciferous about it, and consequently there is a welcome fall in the number of publications concerning its therapeutic employment, In the past five years we have witnessed this pendulum swing of medical opinion concerning cortisone and ACTH, and I shall therefore make some attempt to evaluate the present status of these hormones.

ACTH

For the purpose of this discussion I shall make little distinction between cortisone and ACTH. The former has certain advantages in convenience of administration over the latter, which, however, is more easily prepared and therefore more readily available. The problem now being tackled by the drug companies is how to produce a long-acting preparation of corticotrophin. Probably the most effective and economical method of administration is by prolonged intravenous infusion over a period of 6 to 8 hours, as the result of which 1 unit an hour will show a maximum response. This method, however, is relatively inconvenient, though at Guy's Hospital, ACTH "parties" have been organised for out-patients who come up and spend the day sitting in chairs chatting with their other ACTH friends while the intravenous drip is running. ACTH can also be given in a gelatin menstruum to delay absorption. The effectiveness of the hormone is prolonged to a variable extent depending on the dose. 80 units, for instance, will remain effective for between 12 to 24 hours. Recent trials with corticotrophin zinc phosphate suggest that single doses of 20 units are satisfactory when administered daily, and in some cases the effect may last 3 days.

Cortisone

Cortisone, on the other hand, may be given by mouth, and many would agree that this is a more convenient route of administration. Lawson Wilkins and his group, however, prefer intramuscular injection in treating cases of congenital adrenal hyperplasia, for they find that some cases can be controlled by 25 mg. daily, or even 75 mg. every third day or 100 mg. every fourth day. In their hands two or three times the equivalent dose of oral cortisone is required to produce the same effect, and they believe a self-administered injection is no more annoying than to have to remember to swallow a tablet two, three or four times a day.

Hydrocortisone

Hydrocortisone seems to have advantages over cortisone, especially for local application, and seems to be about twice as effective as cortisone for intra-articular injection. It may be that hydrocortisone is the true hormone of the adrenal cortex and that it, or its metabolite, must be present to accomplish the specific effect: in most tissues cortisone may be capable of being reduced to hydrocortisone, but perhaps less easily in synovial tissues. Hench, however, has found hydrocortisone (free alcohol) inferior to cortisone for oral use. The difficulties which attend the use of these hormones vary considerably according to whether they are to be employed for their physiological or pharmacological properties.

Addison's Disease

Whatever contribution Hench, Kendall and Reichstein may have made to Medicine, they have certainly presented the endocrinologist with a most valuable therapeutic tool. The most logical, physiological use of cortisone is as replacement therapy in Addison's Disease, and, with ACTH as an alternative, in Simmonds's Disease. In Addison's disease cortisone may be used in quite small doses, 10 to 25 mg. daily by mouth. There are some who advocate it as the sole therapeutic compound required, though I personally prefer to use implantations of two or three 100 mg. pellets of deoxycorticosterone acetate in addition, as an " insurance policy ". Whichever method is employed, however, there is no doubt that cortisone induces a sense of well-being, an increase in appetite and an ability to sustain muscular work, which we never saw before in our patients with Addison's disease. Furthermore there are no risks or complications of indefinitely prolonged treatment with cortisone in these cases. Addison's disease is frequently due to tuberculous lesions of the adrenal glands and there is sometimes evidence of old, healed tuberculous foci elsewhere. Yet there is no danger in lighting these up when cortisone is administered in such small, physiological doses. Not only may cortisone be used as maintenance therapy in Addison's disease, but it may be given temporarily in higher doses such as 100 mg. daily to " cover " an operation, an intercurrent infection or some other form of stress, and should an actual crisis take place it is an invaluable weapon.

Simmonds's Disease

In Simmonds's disease cortisone or ACTH have made a striking contribution to the therapeutic plan. On the whole cortisone seems preferable to ACTH and it may be given in quite small doses as in Addison's disease, though these doses—between 12.5 and 50 mg. daily may vary from one patient to another. It is curious that, though the clinical picture is one of pituitary myxoedema, cortisone and not thyroid hormone should be able to reverse this picture, though a combination of the two, in small doses, is probably the treatment of choice. Before the arrival of cortisone, androgens produced the most spectacular results in cases of Simmonds's disease by increasing the sense of well-being, improving the physical strength and mental activity. Cortisone seems to be equally effective in this role, though it cannot stimulate regrowth of public and axillary hair, which androgens do. A classical feature of Simmonds's disease is the mental disturbance which may accompany it. Now, it has been established that administration of cortisone in rheumatoid arthritis and other non-endocrine disorders may exaggerate any psychotic tendency. But this is only when the hormone has to be administered in unphysiological doses, that is, exceeding 50 mg. a day, and so there is little danger of this side-effect in the treatment of Simmonds's disease with small doses.

Endocrine Surgery

The advent of cortisone has opened up a new field in endocrine surgery, for it is now possible to perform bilateral total adrenalectomy and even hypophysectomy and keep the patient alive and in well-being afterwards. It has become increasingly obvious that the best way of treating Cushing's syndrome is to remove the overfunctioning adrenocortical tissue, though there is some disagreement as to how completely this should be done. Some advocate total extirpation, though others are at present rather more conservative, and we at Guy's Hospital remove three-quarters to nine-tenths of the first gland at the first stage and the whole of the remaining gland at the second stage. We also give deep x-ray treatment to the pituitary. The patients can, however, be maintained effectively on varying doses of cortisone, Sometimes about 6 weeks after the second operation the patient relapses into an indolent state of apathy accompanied by anorexia and vomiting. This responds to increased doses of cortisone, and 100 mg. or more may be needed for a short period.

Dramatic results have been reported by Huggins and others in cases of carcinoma of the breast and prostate when bilateral total adrenalectomy has been added to the other therapeutic measures such as gonadectomy. In some cases life has undoubtedly been prolonged, though the patient inevitably succumbs eventually. Whatever may be one's opinion of the justification for such operations, there is no doubt that cortisone has made them possible.

Olivecrona in Stockholm has reported on the results of hypophysectomy in cases of malignant disease, especially of the breast and prostate, and of other conditions such as hypertension. Some remarkable remissions have certainly taken place, as I had the opportunity of seeing for myself a year and a half ago, but again the relief is probably only temporary. These cases of surgical Simmonds's disease are quite satisfactorily controlled with small doses—12.5 to 37.5 mg.—of cortisone daily with the addition of a little thyroid.

Congenital Adrenal Hyperplasia

So far we have dealt with pure replacement therapy, but another physiological action of cortisone is to suppress adrenocortical activity, probably through preventing the production of ACTH. This suppressive influence is most effective in cases of bilateral hyperplasia of the adrenal cortex, though in cannot affect the activity of an adrenocortical tumour. Lawson Wilkins has made use of this property in the treatment of cases of female pseudohermaphroditism and macrogenitosomia precox due to congenital adrenal hyperplasia with notable success in the former group, at any rate. The suppressive dose of cortisone varies from case to case but Wilkins laid down as a general rule that doses should be used which would diminish the abnormally high 17-ketosteroid output to less than 8 mg. daily in the adolescent age-group, and to less than 2 mg. daily in infants. Maintenance doses are usually quite low, that is 25 mg. daily, 75 mg. twice a week or 100 mg. every 4th day—and Wilkins prefers injection to the oral route.

So much for the physiological use of cortisone. It is on the whole highly satisfactory and seldom fraught with difficulty. It is when one considers the cases for which cortisone must be employed in pharmacological, or unphysiological, doses that dangers and side-effects must be combatted.

Eye Diseases

There is one group, however, where little danger exists, and that is the conditions in which cortisone, or hydrocortisone, can be given by local application. Outstanding among this group are the acute inflammatory and allergic disorders of the eye, which may be rapidly and effectively suppressed by cortisone, thereby preventing the aftermath of adhesions and exudate which may permanently damage the eye.

Cortisone reduces cellular exudate, diminishes abnormal capillary permeability, inhibits the formation of new vessels and of granulation tissue in the inflammatory area, and suppresses the fibroblastic reaction of repair. Administration seems ideally indicated in acute inflammatory or allergic reactions, such as acute iritis and iridocyclitis in which, unless the inflammatory process is promptly checked, serious consequences such as cataract or glaucoma may occur. Cortisone may abort the acute attack within a day or two. Acute interstitial keratitis responds quickly and so do such allergic external conditions as episcleritis and phlyctenular disease. Endocular inflammations such as iridocyclitis and choroiditis also respond satisfactorily, especially when gross exudative changes occur, though in choroiditis the cortisone will, of course, have to be administered systemically. Encouraging results have been reported in congenital syphilitic interstitial keratitis and sympathetic ophthalmia, corneal scarring and other complications being prevented. In some conditions, such as gonococcal iridocyclitis or interstitial keratitis, the inflammatory reaction may be checked by cortisone while the cause of the disease is dealt with by other means.

Some of the acute cases may relapse and fail to respond so well to subsequent treatment. In chronic conditions, even if there is an initial response, relapse is common as soon as treatment is discontinued. This is, of course, only to be expected, for cortisone has no effect on the underlying infective or allergic condition. Indeed, in many disorders, and especially those which are likely to become chronic, it may be wrong to interfere with the natural processes of repair, and cortisone treatment may, therefore, be contra-indicated. In scleritis, for instance, suppression of the inflammatory reaction may lead to a staphyloma rather than to a cure.

Skin Diseases

In skin disorders, however, the picture is not so satisfactory. Local inunction of hydrocortisone ointment, in cases of violent though self-limited skin reactions, such as severe contact sensitisation dermatitis and acute drug eruptions, may suppress the skin manifestations, and only a few days' treatment may be necessary. In other types of skin disorder, topical administration is disappointing or ineffective, and the hormone must be given systemically and in unphysiological doses which involves the risk of complications and side-effects. Therapy is, therefore, principally confined to those conditions which respond satisfactorily and even dramatically to cortisone while it is being administered, but relapse immediately or soon after cessation. In these cases cortisone appears to modify the body's reaction to the process, though the disease continues " underground ". Nevertheless cortisone may be life-saving, as it is in disseminated lupus erythematosus and pemphigus vulgaris. Though there may be natural periods of remission during which treatment may be suspended, one must reckon on the need to continue with cortisone administration at any rate for some years. There are, of course, other skin conditions such as exfoliative dermatitis, erythema multiforme, and infantile eczema in which satisfactory results have been reported, but on the whole the use of the hormone is mainly confined to local application in acute allergic manifestations and to life-saving measures in chronic and otherwise fatal conditions such as disseminated lupus erythematosus.

Local Application of Hydrocortisone

Another example of local application of the hormone is the injection of joints, tendons and ligaments with hydrocortisone. This method is useful in rheumatoid arthritis confined to one or a limited number of joints, or to especially painful joints when others are involved, or to supplement systemic cortisone when some joints remain resistant. It is most suitable in joints with a relatively accessible synovial cavity such as the knee. A single injection may induce relief which may last from a week to a month. In osteoarthritis the results have been unexpectedly encouraging in the hands of some observers who claim relief of symptoms in up to 85 per cent. of cases, this relief lasting even longer than in the case of rheumatoid arthritis. On the other hand, other observers would put the likelihood of success only at 1 in 3 cases. Numerous reports are now to hand of the use of local injections of hydrocortisone in gout, traumatic injuries, bleeding into joints, non-infective bursitis, lesions of tendons, ligaments and joint-capsules, tennis elbow, trigger finger, tenosynovitis, Dupuytren's contracture and even bunions. Many of these claims may prove to be uncritical and over-enthusiastic—" hurry, hurry, let us use the new drug before it stops curing "—but at least a new field of exploration is being opened up by the introduction of locally applied hydrocortisone.

Short-Term Therapy

There is a group of conditions in which cortisone may be used as short-term therapy. The principle of this form of treatment is to administer the hormone deliberately for a short period of time only. Thus one can afford to ignore the possibility of adverse side-effects which, even if they were to develop, would disappear in due course once therapy had been discontinued. Treatment can therefore be administered promptly and fearlessly. In some cases the condition presents as an acute emergency, and unless cortisone is given immediately the opportunity is missed. For instance, status asthmaticus is a condition which may fail to respond to adrenergic drugs, and may terminate fatally within two or three days. Cortisone or intravenous ACTH if employed promptly may save the patient's life. The Waterhouse-Friderichsen syndrome is a condition of acute and severe adrenocortical failure occurring most commonly in infants or children and due to massive haemorrhages into the substance of the adrenal glands as the result of a generalized (usually meninogoccal) infection. Unfortunately the diagnosis is seldom made early enough to save the patient's life, though prompt administration of cortisone and D.C.A. would do so in the majority of cases. Another example of the deliberate use of short-term therapy is ulcerative colitis. Here is a disease characterised by remissions and relapses. Prompt treatment of a relapse with cortisone may yield dramatic results. Prolonged maintenance therapy, however, is disappointing. Nephrosis without marked nitrogen retention occurring in young children may respond satisfactorily to a short course of high dosage cortisone therapy, the object of which is to induce an intense diuresis once the dosage is gradually reduced and the treatment eventually discontinued.

Life-Saving Effects

Mention has already been made of other conditions in which cortisone may be life-saving, though the condition itself may continue uncured for a long time, or indeed may be incurable. Examples which have already been mentioned are systemic lupus erythematosus, and pemphigus. Others are polyarteritis nodosa, exfoliative dermatitis and sarcoidosis. Here continued administration of cortisone may sometimes save life and sometimes prolong it, offering the patient a relatively comfortable existence by relieving him of many of the symptoms of the disease process, which is not in fact affected.

Blood Diseases

At this point I should like to say a few words about the part that cortisone or ACTH play in the treatment of blood diseases. In this field the early hopes have not been fulfilled, and the hormones are of little or no use in myelogenous leukaemia, in chronic lymphatic leukaemia, in lymphosarcoma or in Hodgkin's disease, in myelomatosis, agranulocytosis, congenital haemolytic anaemia or aplastic anaemia. In acute leukaemia a combination of ACTH and small doses of aminopterin may save the child's life, but a relapse is bound to occur, usually within a month or two, and a second course is likely to be ineffective. It can only be justified therefore in giving it the first time to attune the unfortunate parents to face up to the inevitable tragedy that will shortly occur. In idiopathic acquired haemolytic anaemia cortisone or ACTH is now probably the treatment of choice, and splenectomy which is successful in only about 50% of cases should be kept in reserve. Initial doses of 300 mg. of cortisone or 200 mg. of intramuscular ACTH should be given daily and gradually reduced, keeping the haemoglobin at about 74% in the hope that if the rate of haemolysis can be controlled long enough a spontaneous cure may take place, though this may require more than a year's treatment. Again in acute cases of idiopathic thrombocytopaenic purpura, ACTH or cortisone is probably the treatment of choice, though in chronic cases splenectomy is usually resorted to. Perhaps the good results are due to increasing the resistance of the capillaries. Some claim that great improvement may be seen, and confirmed by skin biopsies, in the Schönlein-Henoch type of allergic purpura, though this is still a matter of some controversy.

Rheumatoid Arthritis

This bring us to the challenge with which long-term therapy presents us. It is interesting, even ironical, that this form of treatment was first introduced to deal with one of the most difficult conditions to which it may be applied—namely rheumatoid arthritis. It speaks well of the way in which the challenge has been met when one reflects that Hench's " discovery " not only survived the natural reaction to the period of uncritical enthusiasm, but still continues to justify its existence, having in the meantime introduced a number of useful, dramatic and even life-saving therapeutic measures. In order to control rheumatoid arthritis effectively cortisone must often be administered in doses which may give rise to undesirable side-effects. Indeed some observers contend that it is only beneficial in mild and early cases which might in any case be subject to spontaneous remission. If it is to be employed in more severe cases it is likely to require maintenance doses which are apt to induce side-effects. These side-effects may, indeed, be prevented from occurring in some cases by a number of devices which tax the art and ingenuity of the prescriber and the patience of the patient. In many cases this is not worth while for there are other, simpler and perhaps even more effective methods of dealing with the case. This is especially exemplified in the treatment of rheumatic fever in which salicylates may well be preferable to cortisone from every point of view. In rheumatoid arthritis something more is demanded of cortisone than that it should be a " super-aspirin " if it is to justify its further existence. Thus, in order to embark upon long-term therapy with cortisone or ACTH the doctor must be prepared to give the most careful and individual attention to changing problems of the clinical state and the patient must be prepared to co-operate intelligently and interminably. Efforts must be made to determine the lowest maintenance dose, preferably not more than 75 mg. daily, which will render the patient reasonably efficient in his employment. If higher doses are found to be essential the early and common side-effects, such as fluid and chloride retention, fat deposition and protein destruction, may be prevented by devising a salt-free, starch-restricted diet with generous allowance of protein and addition of potassium salts. Administration of androgen for its protein-anabolic properties may be helpful. However, despite these qualifications and warnings, I, for one, believe that cortisone or ACTH does play a useful part in the treatment of some carefully selected cases of rheumatoid arthritis. As endocrinologist to a team led by Copeman in the first clinical trials of these hormones in the treatment of rheumatoid arthritis in England I was able to witness an improvement in 17 out of our series of 20 patients, of such a degree that they were able to return to their occupation or undertake all their housework while under treatment, and that without the occurrence of any serious side-effects except in one patient who developed " steroid " diabetes while he was being treated with ACTH, a very rare complication.

Complications

With care, then, most of the side-effects can be avoided or combatted, but apart from the side-effects there are certain complications of cortisone therapy, which may not be prevented from occurring and sometimes cannot be controlled when they have occurred, and it is these that represent the real risk of cortisone and ACTH therapy, especially if the former has to be given in doses exceeding 75 mg. daily. One of these is associated with the " rebound phenomenon ", that phase of adrenocortical deficiency following the sudden cessation of cortisone administration. It appears that during this phase the patient is especially liable to develop thrombosis. The rebound can, of course, be prevented by tapering off the dose of cortisone rather than by stopping its administration suddenly. Another is the production of peptic ulceration, or of perforation or massive haemorrhage occurring in connection with these ulcers. The danger to the patient is increased by the fact that the symptoms may be masked by the cortisone, and the condition may not be detected. It certainly would appear to be prudent to refrain from treating patients with an ulcer history with these hormones.

Infection

Lastly, there is the tendency of cortisone to promote infection. All the common bacterial infections, including those due to tubercle bacilli, spirochaetes, as well as virus, fungus and protozoal organisms, tend to be enhanced, possibly due to an effect on the reticulo-endothelial system preventing it from clearing particulate matter. This tendency may, however, prove to be less serious than it actually is, nor do we yet fully appreciate the value of combining cortisone and chemotherapy. Indeed arguments have been brought forward recently in favour of the use of cortisone in pulmonary tuberculosis. It may be capable of controlling manifestations of hypersensitivity to streptomycin and PAS and patients showing allergic responses to these drugs could be desensitised under a cortisone umbrella. Cortisone suppresses an over-active defence mechanism, such as fever, tissue necrosis, granulation tissue formation and fibrosis, which may leave the patient with irreversible broncho-pulmonary damage. Furthermore suppression of this defence mechanism with failure to encapsulate the bacilli might give the antibiotics freer access to them.

Conclusion

The interests of an endocrinologist who is neither a physician, nor a surgeon, nor a gynaecologist lead him to study a broad cross-section of each of these subjects. The problems of cortisone and ACTH therapy provide an example of such a cross-section in Medicine. To me, as an endocrinologist, however, the most valuable outcome of the advent of cortisone is that we have been provided with a new therapeutic hormone, which has made a fundamental contribution to the treatment of disorders of adrenocortical function, such as Addison's disease, Simmonds's disease and congenital adrenal hyperplasia, rather than that this hormone when administered in unphysiological doses can be used as a magician's wand to waft away the symptoms of some disease process which it does not cure, and if in the process some hitch or complication may occur, that does not altogether spoil the outward appearance of the conjuring trick.

A CASE OF INFANTILE RENAL ACIDOSIS

By ROBERT KEABLE-ELLIOTT, M.B., B.S.
General Practitioner

History of Present Case.

Marilyn E. was the only child of healthy parents. Her birth weight was 7 lb. 10 oz., and she was breast fed until five months old. At this stage she started to go off her feeds, and her weight remained stationary at about 13½ lb. No special notice was taken of her condition, the more so as she had recently been successfully vaccinated.

During the next few weeks, her general condition gradually deteriorated. In spite of every care taken by the mother she went off breast milk, and declined in turn all the standard proprietary brands of milk. When she did eat it was only very sluggishly, and most of the feeds were vomited back within a few minutes. Her weight fell progressively until by the time she was eight months old it was only 11 lb. She was markedly constipated, passing a small and hard motion every two to three days. Vomiting was frequent, and the child appeared listless and unhappy. She was admitted to hospital for further investigation.

Findings on Admission.

On admission her weight was 10 lb. 11 oz. (*aet.* 8 months). Pulse 132. Temperature 98°. Respirations 30. She was marasmic looking, with sparse, lustreless hair and loose skin. There was considerable evidence of recent weight loss. Her heart and lungs were normal, but many hard masses of fæces were palpable in the abdomen. The C.N.S. was normal, but there was minimal pitting œdema over the dorsum of the feet.

Investigations.

X-ray of chest, abdomen and wrist—normal.
Mantoux 1 : 1,000—*negative.*
Hb. 115%. *W.B.C.* 17,000. Normal differential.
Urine—Consistently alkaline. Protein 32–82 mg%. No pus cells.
No urinary infection.

Blood Chemistry :

Blood urea	50 mg %	(Normal 20–40 mg %).
Blood Chlorides	690 mg %	(640 mg % upper limit of normal).
Blood Bicarbonate	less than 10 vols. %	(Normal 40 vols. %).
Blood Calcium	10.3 mg %	(Normal).
Blood Proteins	7.8 mg % — albumen 5.6 —	(Normal).

Urinary Bicarbonate 15.4 vols. %.

Treatment.

At first she was put on 20 c.c. every six hours of a mixture containing sodium citrate 10% and citric acid 6%. This was gradually increased until 25 c.c. was being given six hourly. Initially, in spite of this treatment, she continued to vomit, usually about twice a day, and her motions remained constipated. Later, however, she kept down milk feeds with Farex relatively well, and there was a progressive improvement both clinically and biochemically. (See Table I.)

TABLE I.

	Blood Urea.	*Bl. Chloride*	*Bl. Bicarb.*	*Weight.*
12.6.53. (admission)	50 mg.	690 mg.	Less than 10 vols. %	11 lb. 4 oz.
18.6.53.	118 mg.	692 mg.	20 vols. %	
24.6.53.	71 mg.	748 mg.	30 vols. %	
1.7.53.	70 mg.	746 mg.	27 vols. %	
8.7.53. (discharged.)	38 mg.	726 mg.	26 vols. %	12 lb. 2½ oz.

Whilst in hospital she remained tolerably well, though inclined to be lazy, and making no effort to sit up and play. However, after only a few weeks at home she started to pick up very rapidly. Her treatment continued with the sodium citrate—citric acid mixture, which she actually appeared to enjoy. Her hair which had become very scanty grew lustily, and she soon developed into a contented and playful child. Follow-up confirmed this clinical improvement.

TABLE II.

	Blood Urea	*Bl. Chloride*	*Bl. Bicarb.*	*Weight*
24.7.53.	37%	602%	51 vols. %	
13.8.53	38%	617%	35 vols. %	14 lb. 1 oz.

She continued for a further few weeks on her acid medicine, the amount given being gradually reduced. By the end of the year this had been stopped all together, and she appeared a perfectly normal healthy child.

Differential Diagnosis.

In general practice as much as in hospital the triad of anorexia, sickness and constipation is extremely common, the cause nearly always being under feeding or the mismanagement of the weaning process. In this case both these conditions could soon be excluded, as the mother was intelligent and co-operative, and care was taken to make certain she fully understood how to feed her baby.

A moderately severe urinary infection can also give rise to this symptomatology, and may be difficult to exclude at first. However, this would be immediately suggested by the presence of pus cells in the urine, even if a specimen for culture could not be obtained.

Severe organic diseases, such as tuberculous meningitis, cœliac disease, pyloric stenosis and lead poisoning may have to be considered in the differential diagnosis, but these conditions usually present in other ways.

Apart from rare metabolic disorders, such as Fanconi's Syndrome, idiopathic hypercalcæmia has to be differentiated. The symptoms of this condition are very similar to those of renal acidosis, but the high serum calcium makes the differential diagnosis easy. The ætiology of this self limiting disease is unknown.

Pathology.

Apart from the inevitable sequelæ of prolonged acidosis, the most prominent finding at post mortem is a diffuse calcification of the medulla of the kidney. Microscopical examination shows this to be most marked around the collecting tubules. (In fact in some cases this is sufficiently pronounced for the kidney to be clearly visible on straight X-ray of the abdomen.) It is probable that the chief fault lies in the proximal tubules, for it has been shown that the distal tubules function normally. Some error in the proximal tubule results in the bicarbonate from the glomerular filtrate being inadequately re-absorbed. This leads to the continued excretion of alkaline urine, and a resulting acidosis. The fact that this disease does not develop until the fourth or sixth month, and is reversible, suggests the cause to be some error in maturation of the proximal tubules. Once the acidosis has been treated, and the patient " tided over " the danger period, the kidney again reverts to its normal function.

Summary.

Infantile renal acidosis is not a common condition, but the diagnosis should be considered in all cases of healthy infants who at the age of four to six months develop anorexia, constipation, vomiting and loss of weight. Confirmation may be obtained by finding a *consistently* neutral or alkaline urine, a diminished blood alkaline reserve, and a raised blood chloride. A normal blood calcium will exclude idiopathic hypercalcæmia. Treatment with alkalis by mouth is simple, though biochemical control is advisable. The prognosis is excellent.

My thanks are due to Dr. Smallpiece of the Radcliffe Infirmary, Oxford, for permission to publish details of hospital treatment, and for her valued help in the management of this case.

References:

Ann. Intern. Med., 1939, **13**, *940.*
Quart. J. Med., 1950 N.S., **19**, *285.*
B.M.J., April 23rd, 1949, p. 683.
Med. Ann., 1953, p. 366.

CORRESPONDENCE

Letters to the Editor of the Gazette

Medical Mispronunciation

From Dr. H. St. H. Vertue

SIR,—I am obliged to Dr. Joseph for his courteous letter on this subject and regret some delay in answering, through absence. I agree with him that usage largely governs the pronunciation of words that are a part of common speech such as " radius " or, say, " Venus " or "Plato " : but I should not therefore acquit myself or any one else of the need to set right technical terms like " penicillin " or " polio-myelitis ", not governed by popular use. When a man says " zeenith " you know him for an astronomer : so " peenicillin " should distinguish the doctor.

The point emphasized by the speaker at the Anatomical Society who pronounced *mīcroglia* as *mĭcroglia* was his own ignorance of Greek, for the *ī* of *mīkros* is long.

Yours etc.,

H. St. H. VERTUE.

Larch Tree Lodge,
37 Tower Road,
Orpington, Kent.

An Unpopular Decision

SIR,—I have read with interest correspondence published in recent issues of the *Gazette* concerning what you have called " an unpopular decision." Indeed there must be very few who would consider popular the recent decision of the Hospital authorities to ban members of the nursing staff from the Old Hostel and St. Christopher's House.

I suspect that a number of nurses look upon this rule as another infringement of their liberty, and I know that most of the residents of the Old Hostel view with distaste the implication of such a ban. I do not, sir, consider myself adequate or qualified to champion the freedom of the nursing staff, but I would like to raise a voice in redemption of our good name.

Is it not possible that one might invite young ladies to the Hostel, not for the purpose of giving them medicated coconut ice, but to offer them nothing more harmful than afternoon tea ? Are we, who happen to live in a hostel any less honorable than our friends who live in digs, flats or their homes ? Surely it is somewhat incongruous that a nurse is at liberty to spend her time anywhere and in any way she pleases outside the Hospital gates, but she is not allowed to accept the hospitality of a friend in one of the hostels?

One can recall several impecunious friends—recent ex-members of the Old Hostel who are now happily married to ex-Guy's nurses. Their courtships blossomed and thrived in these congenial surroundings, but one wonders whether, had these been denied them, they would have survived such an alternative as the insalubrious atmosphere of a neighbouring café.

The " Member of the Nursing Staff " who wrote in your last issue in support of the rule surprised me by inferring that this rule was wise because it protected nurses from gossip. In a community such as this gossip is rife anyway, but no intelligent person would attach serious importance to idle talk.

I wonder whether the House Committee would consider amending their rule and allow nurses to exercise some of the discrimination which they so clearly possess.

Yours etc.,

R. K. KNIGHT.

The Old Hostel,
Guy's Hospital, S.E.1.

SIR,—We are pleased to see that our original letter concerning the banning of nurses from the students' hostels has provoked replies from the members of the nursing staff.

We feel that the second of those replies deserves comment. Your correspondent cannot have read the notice very carefully or she would not have suggested that Nurses *in training*—and the italics are her own—were forbidden to enter the students' hostels. The ban on these hostels affects *all* nursing staff—trained and untrained. The college residents, however, are permitted the society of *trained* nurses out of uniform, and students accommodated in their own flats or in lodgings or in any other student hostels are permitted to entertain *any* member of the nursing staff.

We said in our original letter that these regulations were an arbitrary discrimination and your correspondent has not, in our opinion, put forward a single argument to disprove our original contention. We still feel very strongly that the regulations are an extraordinary imposition on responsible young women since their off-duty hours can now no longer be logically termed " free-time." We are astonished to hear that those in authority who guide our future careers allow their decisions to be biased by idle gossip.

Your correspondent's hypothetical nurse was present in a *students'* hostel until 2 a.m. (with a *house-surgeon* !) This contravenes the hostel regulations which specifically state " Ladies are allowed in the hostels between the hours of 4 p.m. and 11 p.m.". Your correspondent would have us add that nurses are not allowed. Are we then to infer that nurses are not ladies ?

Yours etc.,

THE ST. CHRISTOPHER'S RESIDENTS.

" Psychology—The Nurse and the Patient "

SIR,—It is probably inevitable, and not entirely undesirable, that a reviewer's own beliefs should be expressed in his writings. It seems to me, however, that in R.A.H.'s review of Doris Odlum's " Psychology, the Nurse and the Patient " (*Guy's Hospital Gazette*, 12th June), some of his comments are made with a dogmatism which is hard to reconcile with his admirable plea for humility in the face of ignorance in psychiatry, and his warning against the " unproven theory and dubious fact " being perpetuated as "knowledge". I would, for one, have been happier, if, when presenting statements about what seem to me to be still highly controversial topics, the reviewer had indicated that they were his own views, or, that although shared with others, they still represent some matters for dispute.

Many psychiatrists, I believe, would not accept without difficulty such statements as—" Anorexia Nervosa . . . belongs to the schizophrenias ", " schizophrenics . . . account for almost all suicides among younger persons ", " Both insulin and electro-shock . . . make psychotherapy mostly impossible ", and " insulin, far from being ' the best method of treatment ' is being increasingly abandoned ".

In the light of such authoritative disagreement I feel that it is misleading for the reviewer to ask his readers to accept these as statements of fact.

Yours etc.,

Guy's Hospital, S.E.1. A. A. CASHMORE.

Ponderentur Ponderabilia

SIR,—The Romans might well have said " Let all things be illustrated that can be illustrated ". There are those who can visualise animal, vegetable, mineral and abstract in terms of words, and there are others for whom imagination, learning and memory are essentially pictorial processes. Whilst some may use a galaxy of words to express their thoughts, others will quote an example which creates pictorial understanding.

Thus the communication of information from one person to another may sometimes be through the medium of speech and sometimes through one of the many forms of visual illustration. Each has its proper uses ; for can a textbook be equated with a museum, or conversely can a museum replace a textbook ? Medicine can surely not be taught by correspondence courses, or visual experience would not enjoy such favour as a method of teaching.

Just as it may be tempting to explore the mechanism of words and forget the purpose which they are to serve, so visual aids can be abused by paying too much attention to their technical aspects. Properly designed, executed and applied such material can be an *Aid* to both teaching and learning, by explaining the teacher's meaning and by enriching the student's visual experience.

In conclusion may I offer my sincere apologies to Dr. Vertue if I have misinterpreted his words, when he says " Therefore learning by pictures has an occasiona use but is an idle method and relatively inferior ". (*Guy's Hospital Gazette* 12th June, 1954.)

Yours etc.,
C. E. ENGEL.

Department of Medical Illustration (Photographic).
Guy's Hospital

SPORT

LAWN TENNIS

Guy's Hospital have again won the Inter-Hospitals Cup this year, defeating St. Thomas's 8-1 in the final. This cup has been won consecutively for the last four years.

The team was :
1st Pair : G. Jones. A. Black.
2nd Pair : J. Osborn (Capt.). R. Elsdon-Dew
3rd Pair : A. Quant. C. Maggs.

Guy's were defeated in the final for the University of London Cup by Imperial College. It was a very close match, but nevertheless they were a better side.

The team was :
1st Pair : G. Jones. A. Black.
2nd Pair : J. Osborn (Capt.). R. Elsdon-Dew
3rd Pair : A. Quant. Dr. P. Frost.

Guy's defeated St. George's Hill in a friendly match on Sunday, 20th June. This was a most enjoyable afternoon, the weather was fine, beautiful courts and wonderful hospitality. We are very grateful to our President, Mr. Guy Blackburn who played in this match and came down to H.O.P. to see the finals of the Hospitals Cup.

Nursing Staff

1st Round Cup

12th May, 1954

Guy's *v.* Carsha'ton

6—3	6—2
6—2	6—1
6—4	6—1

2nd Round Cup

15th June, 1954

Guy's *v.* Edgware

6—2	3—6
4—6	6—2
6—4	6—2

3rd Round Cup

Guy's *v.* Harpenden

6—2	6—0
6—0	6—0
6—3	

Other Matches :

8th June, 1954

Guys *v.* St. Thomas's

6—3	4—6
6—4	6—1
	5—7

22nd June, 1954

Guy's *v.* St. Bartholomew's

5—7	6—3
6—2	10—8
4—6	

Team : Nurses Collier, Oats, Pitt, Brown, Richmond, Bore.

GOLF

STAFF *v.* STUDENTS MATCH

Played at Shirley Park G.C., on Wednesday, 16th June.

		Staff	*Students*		
0		Mr. Eckhoff (14) and Dr. Lee (10)	I. Caldwell (+1) and D. Holmes (3)	4/2	1
1	3/1	Mr. Brain (8) and Dr. Thorne (24)	N. Gracey (3) and J. R. Fieldhouse (5)		0
1	3/1	Dr. Dow (18) and Dr. Finnegan (24)	D. A. Rees (7) and J. Riley (16)		0
0		Dr. Lomax (12) and Dr. Houston (18)	J. Irwin (11) and J. Outred (11)	8/7	1
1	3/1	Dr. Stoddart and Dr. Gilbert (24)	M. Willis (18) and M. Chignell (17)		0

Result : *The Staff beat The Students* by 3 matches to 2.

RIFLE CLUB

U.H.R.C. PRIZE MEETING, 12th JUNE, 1954

RESULTS

	300x	600x	Agg.
Guy's ' B '	124	120	244
St. Thomas's	125	119	244
St. Mary's	128	114	242
Guy's ' A '	126	115	241
St. Bartholomew's	118	122	240

Guy's ' B ' win the team prize as their 600x score was better than the St. Thomas's 600x score.

INDIVIDUAL PRIZES

300x	R. H. MacKeith (Guy's ' B ')	35
600x	K. Kemp (Guy's ' B ')	34
Aggregate	K. Kemp	68

Conditions : Appalling. Heavy rain and moderate wind.

HOSPITAL INFORMATION

BIRTHDAY HONOURS

Additional List

C.B.E. (Civil Division)

Neville Langdon Lloyd, M.B., B.S., M.R.C.P.

O.B.E. (Civil Division)

John Edgar Davies, M.C., M.R.C.S., L.R.C.P., L.D.S.R.C.S.

Bernard Thomas Squires, D.M.

M.B.E. (Military Division)

John Foster Fenton Rooney, M.B., B.Chir., Major (temporary), R.A.M.C.

APPOINTMENT

Physician to Her Majesty's Household: William Neville Mann, M.D., F.R.C.P.

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for the appointment of **Registrar in the Genito-Urinary Department.** Duties to commence on 1st October, 1954. Forms of application are obtainable from the Superintendent, Guy's Hospital, and should be forwarded not later than the **28th July, 1954.**

Applications are invited for the appointment of **Anaesthetic Registrar** (Registrar 1st year) on 4 sessions per week with duties in the Guy's/Maudsley Neurosurgical Unit to commence on the 1st October, 1954. Forms of application are obtainable from the Superintendent, Guy's Hospital, and should be forwarded not later than the **28th July, 1954.**

Applications are invited for two posts of **Registrar in the Ophthalmic Department** to Guy's Hospital with attendance on two sessions per week, or one post with attendance on four sessions per week. Duties to start as soon as possible with appointment until 30th September, 1955.

Forms of Applications are obtainable from and should be lodged with the Superintendent, Guy's Hospital, S.E.1, not later than **24th July, 1954.**

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1.

Applications are invited for an appointment of **Junior Lecturer in Bacteriology** commencing on 1st October, 1954, or earlier if possible. Salary scale £900 to £1,100 per annum with superannuation and family allowance. Application should be made by **24th July, 1954,** on a form obtainable from the Dean.

Applications are invited for the appointment of **Junior Lecturer in Pathology** commencing on 1st October, 1954. Candidates should be medically qualified and preference will be given to those with an Honours Degree in Physiology or some other basic medical science. Salary scale £900 to £1,100 with superannuation and family allowance. Application should be made by **31st July, 1954,** on a form obtainable from the Dean.

GUY'S HOSPITAL DENTAL DEPARTMENT

The Board of Governors of Guy's Hospital invite applications from registered Dental practitioners for appointment as Part-time **Registrars in the Department of Conservative Dental Surgery** to attend on 5, 3 or 2 sessions per week to commence duties on 1st October, 1954.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **24th July, 1954.**

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette: 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates:

1 line 6s., 4 lines 20s. Box Numbers 9d. extra.

Replies to Box Numbers should be addressed to "Gazette" Office, Guy's Hospital, London, S.E.1

Wanted

EXAMINATION COUCHES (TWO)—Tops only would suffice as cupboards are to be built underneath. Box No. 56.

JOWETT 8 SALOON (1938 or 39) or 2 Seater Tourer, in good condition. View London or near. Box No. 55.

WILKS & BETTANY. History of Guy's (2 copies required). Box 47.

THIRD PARTNER required in first class steadily expanding Dental practice established 75 years (two partners 54 years) in Leamington Spa. A share will be offered to a young dental surgeon of character and ability. Please reply with details of professional qualifications, education, age, etc., to C. G. Wright, 19 Waterloo Place, Leamington Spa.

ASSISTANT DENTAL SURGEON required at Sutton, Surrey. Partnership later. Guy's man preferred. Box No. 54.

For Sale

DINGHY. Bermudian sloop-rigged half decked centre-board 15 ft. Dinghy. Safe sea boat but fast. With trailer and winch. Now Sussex. Box No. 57.

NURSING NEWS

Sister James has left to be married.
S/N. M. Tee appointed to O.P.D.

We extend our good wishes to:

S/N A. Sharp.
S/N Fraser.
S/N Colcutt.

all of whom have recently left the Hospital.

PASS LIST

UNIVERSITY OF CAMBRIDGE

Final M.B. Examination, 1954

Pathology and Pharmacology—Part I

*W. vans Agnew
*J. Hurst
J. B. Pond

Final M.B. Examination—Part II

Easter Term, 1954

Principles and Practice of Physic

D. W. Atkinson
J. D. Chard
*D. K. Fairweather
J. H. C. Hunt
S. M. Madeloff
P. J. J. O'Neill
J. B. Pond
*A. Robinson
*B. H. B. Robinson
*R. O. Selby
*A. S. Valentine
J. T. N. Williams

Principles and Practice of Surgery

J. D. Chard
*D. K. Fairweather
*Mary E. Hern
*J. Hurst
*A. Robinson
*B. H. B. Robinson
*R. O. Selby
*A. S. Valentine
D. N. Whitmore

Midwifery and Gynæcology

D. W. Atkinson
*L. J. Bishop
J. D. Chard
*D. K. Fairweather
J. H. C. Hunt
S. M. Madeloff
J. B. Pond
*A. Robinson
*B. H. B Robinson
*R. O. Selby
*A. S. Valentine
D. N. Whitmore
J. T. N. Williams

*Have now completed the examination.

CONJOINT BOARD

L.R.C.P., M.R.C.S.

June, 1954

Anatomy

P. G. C. Calverley
L. Cook
M. H. de Groot
G. R. Hill
M. Hopwood
S. J. Lam
J. P. Lissenden
R. H. Mackeith
A. B. Morphy
R. R. Paul
W. J. W. Siddall
D. A. H. Thomas
M. F. Waboso
D. J. Wood

Physiology

A. J. Armour
P. G. C. Calverley
L. Cook
M. H. de Groot
A. B. Hewitt
G. R. Hill
M. Hopwood
S. J. Lam
J. P. Lissenden
R. H. Mackeith
A. B. Morphy
S. O'Connell
D. A. H. Thomas
D. J. Wood

Pharmacology

Mary E. Braithwaite
D. R. Burcombe
B. L. Dodson
G. S. Duncan
Florence P. Forsythe
G. C. Gould
J. B. Illingworth
H. E. Inniss-Palmer
R. Marx
R. H. Robinson
P. J. Stiles
M. S. Tyrell
C. D. Wooding
J. S. M. Zorab

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D,S.

Final Examination

June, 1954

Surgery—Part I

H. F. A. Baker
T. P. Bass
C. J. Booth
G. H. G. Bradley
D. A. Coppock
P. L. Cumming
K. J. Gilbert
W. Goriah
D. A. Hopkins
W. J. Howells
H. C. F. Hudson
Shirley A. Hutchinson
S. C. Lubbock
E. W. Lunn
C. B. G. Major
J. Metcalfe
Annette F. P. Pountain
L. P. Thomas
J. F. H. Young

Dental Surgery—Part II

B. H. Allen
F. W. Antscherl
G. P. Beresford
J. E. Blinkhorn
J. M. Cautley
G. W. Cowley
L. J. Glowrey
J. J. Hall
H. D. A. Hope
W. J. Howells
B. C. Rich
P. S. Smith
J. C. Stephenson
D. R. Taylor
D. E. G. Thomas
W. R. Thomas
Rose-Noelle Uren
J. P. Warren
P. J. Wellard

PAPERS BY GUY'S MEN

Bishop, P. M. F. and another. Bilateral Ovarian Hernia. *Proc. R. Soc. med.*, 1954, **47**, 435.

Bloom, Arnold. Addison's Disease Presenting as Psychosis. *Proc. R. Soc. med.* 1954, **47**, 435.

Brock, R. C. Valvotomy in Pregnancy. *Brompton Hospital Rep.* 1953, **22**, 120.

Burn, J. and another. Anticholinesterases in the Heart-Lung Preparation. *J. Physiol.* 1954, **124**, 489.

Garland, T. O. Health by Compulsion or Choice. *N.Z. med. J.* 1954, **53**, 177.

Plummer, N. S. and others. Broncho-Pulmonary Aspergillosis. *Brompton Hosp. Rep.*, 1953, **22**, 28.

Smith, P. A. J. and others. Idiopathic Hyperlipemic and Primary Hypercholesteremic Xanthomatosis. *J. invest. Derm.*, 1954, **22**, 23.

Stevenson, F. Harwood and another. Angina of Effort. Use of Heparin for its Control. *Lancet*, 1954, i, 1319.

Stewart, C. J. and another. Prognosis of Pulmonary Tuberculosis in Married Women. *Tubercle*, 1954, **35**, 28.

Warren, M. D. and another. The Care of the Aged. *Med. Offr.*, 1954, **91**, 285.

CHANGES OF ADDRESS

B. H. Bass, M.D., M.R.C.P., 59/61 Kensington High Street, London, W.8.

Surg.-Lt. M. C. H. Jackson, R.N., 92 Liss Road, Southsea, Hants.

J. McArthur, F.R.C.S., D.M.R.T., 55 Wimpole Street, W.1, 10 Devonshire Mews South, W.1 (Private). Tels. Welbeck 8607 and 0192.

BIRTHS

BAKER.—On 12th June, 1954, at Pembury Hospital to Kathleen (née Harnett, S.R.N.), wife of Raymond D. Baker, L.D.S.R.C.S., a son (Nigel Dudley).

BLIGH.—On 18th May, 1954, at Crowborough Hospital to Janet (née Lowe), wife of John Bligh, B.D.S., a daughter.

KEABLE-ELLIOTT—On 21st June, 1954 at Watlington Hospital to Gilian (née Hutchison), wife of Tony Keable-Elliott, M.B., B.S., a son.

OPPÉ.—On 3rd July, 1954, at Guy's Hospital to Margaret (née Butcher, S.R.N.), wife of Thomas E. Oppé, M.B., M.R.C.P., a son (Mark Robert), a brother for Paul.

PRITCHARD.—On 19th June, 1954, to Drs. Meira and T. Gwilym Pritchard, Pen-y-Groes, Caernarvon—a brother for John Morris.

RUTTER.—On 25th June, 1954, at Nuffield House, Guy's Hospital to Mary (née Tudor), wife of Clarence Rutter, M.R.C.S., L.R.C.P., a second son (Trevor Maurice Tudor).

SOOTHILL.—On 18th June, 1954, at Nuffield House, Guy's Hospital to Elizabeth (née Lazenby, S.R.N.), wife of Edward Soothill, F.R.C.S., a daughter (Patricia Anne).

SUDELL.—On 18th May, 1954, at the Ipswich Nursing Home to Biddy, wife of E. H. Sudell, L.D.S.R.C.S., a son (William Alexander).

WILSON.—On 23rd June, 1954, to Betty (née Robson), wife of John Hamilton Wilson, B.M., B.Ch., a daughter.

MARRIAGE

HUNTER—ANDERSON.—On 22nd May, 1954 at Holy Trinity, Brompton, Michael J. Hunter to Lois O. J. Anderson.

DEATHS

HARDY.—On 23rd June, 1954, George Francis Hardy, M.C., M.R.C.S., L.R.C.P. (late Tuberculosis Officer, Metropolitan Hospital, Hackney), Cornerways, Selsey, Sussex.

HOLMAN.—On 17th June, 1954. Charles Colgate Holman, B.A., M.B., B.Ch., F.R.C.S., of 21 Billing Road, Northampton.

Eds. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVIII No. 1722 *24th July 1954* *One Shilling*

PASSIM

WHEN our friends from other countries visit us, they are invariably perplexed by the remarkable profusion of qualifying examinations which may be taken by British medical students. Expensive battles at South Kensington, Oxford, Cambridge, Queen Square and Blackfriars *inter alia* are fought each year. The victorious emerge with an alphabetical booty which will serve to grace their entries in the *Medical Directory*. Many students, of course, fight several such battles and emerge from the fight with several mystic sets of letters.

We wonder whether there is any sensible purpose in the multitude of qualifications which are chased by students and which yield so many guineas to so many examining bodies ? The purpose of all these qualifications is, presumably, to denote the fitness of the holder to practise medicine with reasonable authority and safety to his patients. If all of the qualifications are not of equal standard, there must be some gradation of fitness to practise. Such gradation should not be permitted.

It is perhaps time that one national qualifying examination replaced the present muddling multitude. At present, examining boards must surely derive great benefit from the fact that a candidate referred for six months by Examining Body " A " can go, the following week, to Examining Body " B " and perhaps obtain a registerable qualification. This process is very profitable to the boards though admittedly rather costly to the candidate.

By all means let us keep a gay profusion of post-graduate diplomas. We suggest, however, that the interests of the public and the candidate would be more certainly protected by a single qualifying examination of nationally-agreed standard.

We offer our warmest congratulations to Professor R. V. Bradlaw of Newcastle-on-Tyne and to Mr. H. R. S. Harley of Cardiff (both of whom are distinguished old Guy's men) on their election to Hunterian Professorships of the Royal College of Surgeons of England for the coming year.

We congratulate Miss M. A. Duncombe upon her appointment as Lady Superintendent of the Evelina Hospital for Sick Children. Miss Duncombe was well known to us as Sister *Diplock* and has recently been on the administrative staff of the Hospital for Sick Children, Great Ormond Street. Her many friends among past and present members of Guy's will be delighted to learn that she takes up her new appointment on October 1st.

Tuesday, 13th July was quite a memorable day, at least for medical education at Guy's, on account of two striking innovations. At a lunch-time clinical lecture, Professor William Bean from Iowa gave us an umbilical *tour de force*. In his lecture on *Omphalosophy* he plumbed deeper navel depths than we had dreamt to be possible. A clinical lecture all in verse is a rarity startling enough to record in these columns. But when all forty-five minutes of it is on the subject of a central inch-wide crater, it becomes unique.

Later in the day, we were privileged to watch a film on the Resection and Grafting of an Aortic aneurysm. The film was of the 3D variety and in excellent colour. It was made under the auspices of Professor Michael DeBakey who recently gave a brilliant Carbutt Memorial Lecture. We owe a real debt of gratitude to Mr. Atkins, who sponsored the showing of the film, and to Mr. Fer of Cinex Limited who acted as projectionist and of course to Professor DeBakey for allowing this splendid record of an impressive surgical procedure to be shown.

Today we publish *Total Eclipse*, an article by Dr. Waterfield of which we wrote in our last issue. Together with his article we print two photographs, one taken by Dr. Waterfield himself some years ago (this being of a total eclipse photographed on a Greek island), the other is a photograph by a pupil of the Department of Medical Illustration and shows the eclipse as we saw it at Guy's on June 30th.

Another letter of protest against our *Passim* of 29th May has arrived. It is printed on page 298. While we are sorry that we have given quite so much offence to the protagonists of the West Suffolk County Council, we are, equally, sorry that we have been so deeply misunderstood. We intended no personal insult to anyone and wished only to make a plea for personal liberty in the face of an official ordinance. Our correspondents have obviously varied in their sympathies. One presented the case for the committee in a courteous and thoughtful way. We sympathise with most of what he said. Unfortunately, others have ignored the major problem of possible injustice for the lesser worry of possible insult to the members of a public body.

We cannot subscribe to their view that the pages of the *Gazette* are not the place for criticizm of the West Suffolk edict. The *Gazette* must surely be permitted to reflect student opinion in a controversy where student interests are threatened.

Last week saw a memorable production by the Guy's Theatre Club. They set themselves an extremely difficult task when they chose Anouilh's "Point of Departure." However, most of us will agree that they succeeded in every respect. We hope to publish an account of the production in our next issue. The cast were glad to see those members of the senior staff who attended, but it was surprising that such polished performances did not secure an even larger audience.

Like everybody else around the Hospital, we admire our Physiotherapists. We were delighted to hear on the radio the other day that our admiration is shared by the B.B.C. Speaking from Wimbledon on the penultimate night of the tournament, Max Robertson bade a special good-night to "Three pretty Physiotherapists from Guy's" who were prepared to defy the elements and wait out all night in order to see the next day's play. We hope they got a good view.

The little vegetable and flower shop now taking shape near the War Memorial Gate might, we feel, include with advantage some appropriate accommodation for the gate porter, whose dingy green " sentry box " opposite is not a good advertisement for the Hospital. That sentry box is an eyesore. It gives small protection to the gate porter. It stimulates little confidence in the enquiring visitor. Yet it is in use all the year round. Is that expensively constructed vegetable shop to be open winter and summer too ?

We would like to remind all Students and Nurses at Guy's that about 100 copies of the *History of Guy's* 1725-1948 are still available at the reduced price of 12/6. We feel that there are many who would like to own this book but who, perhaps, have not been aware of this special concession rate.

We remind all our readers that entries for the Christmas Card Competition must reach our office by Tuesday, August 3rd. The Prize, as announced in the *Gazette* of 26th June last, is Five Guineas.

Where else in this country, but at Guy's, could we find a distinguished neurologist lending a hand at moving pianos ?

GUY'S DIARY

JULY			Exhibition. Department of Surgery. *Incisions and Suture Materials.*
26th	M	1.00	Mr. R. H. F. Brain. Clinical Lecture. *Uncommon Causes of a Productive Cough.*
29th	Th	1.00	Dr. C. Hardwick. Clinical Lecture. *Cholecystitis.* X-ray Meeting. Gordon Museum.

GUY'S BIENNIAL DINNER, 1954

The next Guy's Biennial Dinner will be held in the Grand Hall, Connaught Rooms, Great Queen Street, Kingsway, W.C.2, on Friday, 1st October, 1954, at 7 p.m. for 7.30 p.m. when Mr. Phillip Turner, M.S., F.R.C.S., Consulting Surgeon to the Hospital will preside. Over 400 came to the Dinner in 1952 and he is hoping that this year there will be a record attendance.

These functions have always been an outstanding success and although a large number come regularly there are many who have not attended previously and they are asked to make a special effort to be present on this occasion. It affords the most popular opportunity for old Guy's men to meet together and renew the friendships of their student days. Tables are arranged according to year of qualification and every effort is made to seat friends next or near to their contemporaries

Tickets are 25/- each (inclusive of tips but exclusive of wines) and if any Guy's men have not received particulars of this function they should communicate with Mr. O. Gayer Morgan, M.Ch., Honorary Secretary, Biennial Dinner, Medical School, Guy's Hospital, London, S.E.1. (Tel. : HOP 3500 Ex. 383).

APOLOGY

We regret that the Appreciation of Mr. O. Gayer Morgan, which we intended to publish in this issue, is unavoidably delayed.

Thirty Years Ago

From Guy's Hospital Gazette, 19*th July*, 1924.

THE ROWLANDS FIRM v. THE FAGGE FIRM.

" Mr. Slesinger has won the toss," said a voice. " And Mr. Fagge has lost it," cried another . . . . Well, the match went on and the Rowlands Firm made ever so many runs until the long-stops were getting quite tired out . . . . But even the stone walls of the Capitol were worn away in time and the Rowlands Firm were only human, so they all got out. Now came the exciting part. Our side went in, and had to make 114 to win. It was just awful, sitting down and wondering if we could do it . . . . The captain was playing for the honour of his firm. Playing fast with the loose ones and keeping a firm hold on the tight ones, his score gradually mounted and when Marshall was bowled for 1, the score was 88 for eight. Crook then went in and Mr. Fagge came to meet him. What it was he whispered we shall never know. It might have been a promise of the next vacant registrarship, it might have been only a shandy-gaff after the match, but whatever it was, Crook refused, absolutely refused to get out . . . . Mr. Fagge hit a two. We were level. Could we make the winning hit . . . . And then CRACK ! ! The ball sped to the boundary. THE FAGGE FIRM HAD WON ! !

The Rowlands Firm.

1.	R. M. Williams, run out, Spence	8
2.	A. E. Grove, caught out, Rowbotham	14
3.	S. R. Trick, bowled out, Rowbotham	0
4.	R. C. May, run out, Spence	15
5.	A. C. Copley, caught out, Spence	6
6.	R. B. Fawkes, bowled out, Spence	15
7.	E. G. Slesinger, bowled out, Rowbotham	0
8.	J. Weston, bowled out, Spence	2
9.	J. Spicer, not out	8
10.	N. Eckhoff, bowled out, Spence	0
11.	W. R. Spurrell, bowled out, Spence	26
	Extras	19
	Total	113

The Fagge Firm.

1.	L. G. Housden, bowled out, Trick	15
2.	S. V. Strong, caught out, Eckhoff	3
3.	S. C. Rowbotham, leg before, Trick	0
4.	P. D. B. Spence, bowled out, Trick	17
5.	C. H. Fagge, stumped out, Eckhoff	41
6.	J. A. Simons, bowled out, Trick	3
7.	J. N. Martin, caught out, Trick	5
8.	J. A. de Jager, caught out, Copley	1
9.	H. W. D. Crook, not out	7
10.	C. W. Marshall, caught out, Copley	1
11.	S. P. Meacock, bowled out, Copley	0
	Extras	24
	Total	117

Sixty Years Ago

From Guy's Hospital Gazette, 7*th July*, 1894.

We have just heard of a quite new departure on the part of our Dental Colleagues. They propose to get up an up-river picnic on a large scale, and a committee meeting of the Dental House-Surgeons was held on Thursday last to discuss the arrangements. The present suggestion is that they shall go up the river as far as Staines, and there hold an impromptu smoker before returning . . . This commends itself to us as an excellent idea, and we wish our Dental friends a most successful and enjoyable day's outing.

OBITUARY

B. BURNETT-HAM, M.D., D.P.H.

This gentleman, who must have been one of the very senior Guy's men at the time of his death, died at Orpington, at the age of 86 on 28th March, 1954.

Dr. Burnett-Ham came to Guy's from Australia where he had made a name for himself at cricket. He had played against the M.C.C. touring side in 1892 and had the distinction of dismissing Grace, Abel and Peel in four balls. Dr. Ham played for Melbourne and also for Victoria. At the time when he was a student at Guy's the standard of cricket was evidently very high since the Hospital apparently played a Surrey XI at the Oval, but after playing for the Hospital for one year Dr. Ham was forbidden by his father to continue cricket until he had passed his examinations. After qualifying, Ham became Regimental Medical Officer to the Irish Guards and later he returned to Australia where he entered the Public Health Service. He eventually became Medical Officer of Health to the State of Victoria and remained in Australia until 1914 when he rejoined the R.A.M.C. After the war, Burnett-Ham went into private practice in Grosvenor Place. He was interested in allergy and was one of the pioneers of inhalational therapy. He was also interested in psychotherapy upon which he published a number of books.

Burnett-Ham always looked young for his age and remained in active practice until shortly before his death.

N.S.

TUDOR EDWARD HOWELL, M.B., B.S.

N.M.J. sends us this additional note :—

Teddy Howell was probably the most remarkable " Character " at Guy's for generations, and those he met either loved or loathed him. Let it be said (for he would wish it so) that the latter outnumbered the former, and his true friends were very limited. A great many people knew him as a small, dapper and imperious individual who got what he wanted, but very few knew the man himself. Unquestionably he was a leader, a manager and an organiser, but much more he was a man who hated injustice, detested tyrants and abhorred humbugs. He never attempted to avoid them, but went out of his way to make their lives as uncomfortable as possible, and his courage was unbounded. I remember him, as a student, dealing with three toughs who had perpetrated the " three card trick " on a young unsuspecting colleague, and on another occasion threatening legal action against " Authority " who denied him his rights. Within 24 hours " Authority " beat a hasty and inglorious retreat. He also made it his habit to bait bullies to exasperation, and they knew if they resorted to violence his small size was misleading and they would get the worst of it. In his own dealings he was scrupulously honest and fair.

On what proved to be his last day alive, my wife was with him. He was cheerful, though tired of body and of life. As she left him he said :—" My Dear, I wish I could go out like the snap of my finger " and three hours later, with explosive suddenness he was dead. It had never been his habit to waste time.

Requiescat in Pace Old Warrior. Your like will not be seen again.

NOTICES

THE WILLS LIBRARY—STOCKTAKING

The Wills Librarian would be most grateful if those in possession of books and periodicals from the library would return them for checking purposes during stocktaking.

Borrowers engaged on work of a special nature who wish to retain volumes for a further period may do so without inconvenience to themselves by renewing the loan on cancellation of the existing record.

OUTSTANDING GAZETTE SUBSCRIPTIONS

Readers who have not yet paid their *Gazette* Subscription due now or at the commencement of this year, are asked to forward the sum of 12/6, without a second office reminder, to The Manager, the *Gazette*, Guy's Hospital, S.E.1.

TOTAL ECLIPSE

By R. L. WATERFIELD M.R.C.P.,

UNDOUBTEDLY a total eclipse of the sun is one of the most beautiful and impressive spectacles in nature. It is also a phenomenon of the greatest scientific value. Only when the last vestige of the sun is hidden by the moon is it possible to study satisfactorily that outer envelope of the sun known as the *corona*, and to photograph the stars beyond the sun which, at the time, appear close up around its edge. The study of the corona is of great interest for its own sake, but it also affords an opportunity for investigating the behaviour of atoms at a temperature round a million degrees and under a pressure far below any attainable in the laboratory. The precise measurement of the position of stars near the sun's edge provides us with one of the few ways of deciding between the relativity of Einstein and the classical mechanics of Newton. And as the moon covers and uncovers in turn different parts of the sun's surface and of its surrounding corona, one has a unique opportunity for investigating problems connected not only with our own artificially transmitted radio waves, but also with those radio waves which the sun, like other stars, spontaneously emits.

But a total eclipse is a rare event. While the sun is eclipsed totally from some part of the earth every year or two, the track from which totality is visible is seldom much more than a hundred miles wide and is often much narrower. And although the track may be several thousands of miles long, it is extraordinary how often it seems to confine itself to the oceans, and how frequently the land which it crosses is remote and difficult of access. Finally, when a costly expedition, having found itself a site, has made the tedious journey and spent many weeks in setting itself up, a cloud no larger than a man's hand may cover the sun at the critical moment. Prior to the last eclipse a well-known English astronomer had been on six expeditions and only had one success; but others have had better luck, an American astronomer held the record with eight out of ten successes, and I myself had been fortunate with four out of five.

A total eclipse is also a very fleeting phenomenon. The longest totality can last is 7½ minutes, usually the duration is for only a minute or two, and sometimes it is for only a few seconds. The first total eclipse visible in England for over 200 years, which crossed from Wales to Yorkshire in 1927, only lasted for 20 seconds; while a total eclipse, which I observed in the Rockies in 1930, was practically instantaneous lasting less than one second.

As everyone knows, an eclipse of the sun is due to the moon passing between us and the sun and obscuring it to a greater or less extent. The reason why this does not happen at every new moon is that the moon's orbit round the earth is tilted at an angle of about 5 degrees to the orbit of the earth round the sun. So generally the new moon passes the sun in the sky slightly above or below it. A solar eclipse only takes place when new moon occurs close to one of the two crossing points of the two orbits. When the new moon is very close to a crossing point, the moon will be seen to pass centrally across the sun from a narrow track running roughly west to east somewhere upon the earth's surface, while from regions north and south of this track a larger or smaller partial eclipse will be visible. When new moon occurs not quite so close to a crossing point, a partial eclipse will be seen from the higher latitudes in one of our two hemispheres ; but nowhere will there be a central eclipse : for the central track will miss the earth altogether, passing high above the north or south pole. But even when a central eclipse does occur, it is not necessarily total. By a curious coincidence the relative distances from the earth of the sun and moon are such that the apparent diameters of these two bodies are practically the same, although the actual diameters are so completely different, being 860,000 and 2,000 miles respectively. Since the orbits of the two bodies are both slightly eccentric, their apparent diameters vary appreciably. Under average conditions the apparent diameter of the moon is about 3 per cent. smaller than that of the sun, and when the moon is furthest from us and the sun closest to us, it may be as much as 10 per cent. smaller. Usually, therefore, a central eclipse is not total, but is what is called *annular*, the dark body of the moon leaving a narrow annulus of the sun unobscured all round it. But fortunately when the moon is nearest and the sun furthest off, the apparent diameter of the moon may exceed that of the sun by as much as 6 per cent. ; and then a central eclipse will be total. If the moon had happened to have a diameter a mere 140 miles shorter than it actually is, a total eclipse of the sun would be impossible, and the sun's corona would almost certainly still be undiscovered even in this enlightened age.

It is clear therefore that the varying relative distances from us of the sun and moon are essential factors in determining whether a central eclipse will be annular or total, and if total how long totality will last. Put in another way, they determine whether the conical shadow cast by the moon will or will not reach as far as the earth's surface, and, if it does reach it, how large it will be. If the tip of the cone falls short of the earth's surface, the eclipse seen from the central line will be annular; and if the tip *just* reaches the earth's surface the shadow will be practically a point and totality practically instantaneous. But if the tip of the cone reaches beyond the earth's surface, a total eclipse of appreciable duration must occur; and the deeper within the cone the earth's surface is, the larger will be the shadow on the landscape and the longer will totality continue. But there is another factor affecting the duration of totality, and that is the position on the earth's surface which the point selected on the central track happens to have. Now the earth is round and rotates on its axis. Consequently, places on its surface must differ from one another not only in their distance from the moon, but also in the speed of their motion relative to the moon's shadow ; and obviously the length of totality will ultimately depend on the diameter of the shadow at a given place and on the speed with which it sweeps over that place. The moon's velocity in its orbit is 2,100 m.p.h., and this is also the velocity with which its shadow passes the earth. Since the landscape is being carried by the earth's rotation in approximately the same direction as the shadow is moving, the velocity with which the shadow sweeps over the landscape must be equal to the difference between their two velocities. The rotational velocity of the ground at the equator is 1,040 m.p.h., in latitude 60 degrees it falls to half that value, 520 m.p.h., and at the poles it becomes vanishingly small. Thus the pas-

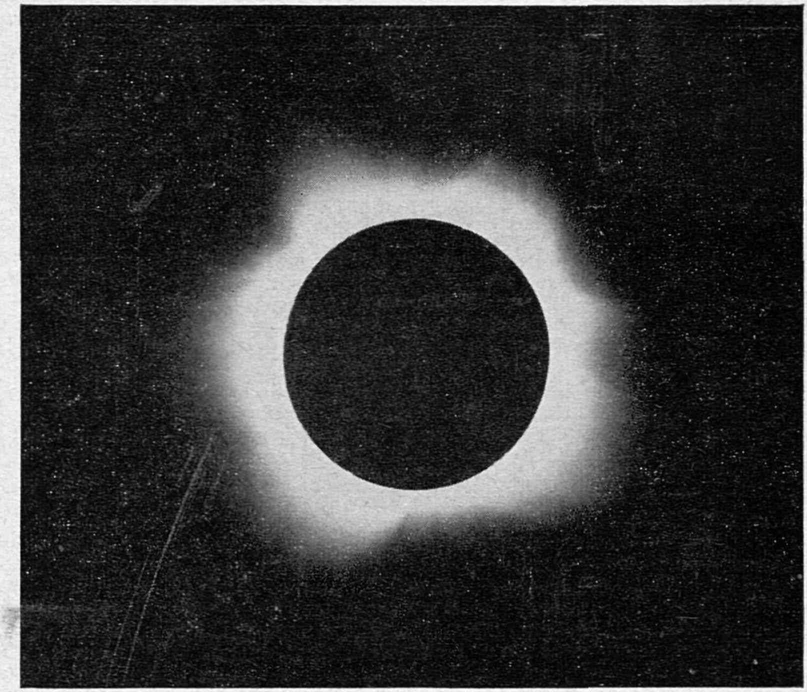
The partial eclipse on June 30th as seen from the Old Pathology Block, Guy's Hospital. This photograph was taken by a member of the Medical Illustration Department.

sage of the moon's shadow over the landscape will be slowest (about 1,100 m.p.h.) at the equator, will reach about 1,600 m.p.h. in latitude 60 degrees, and will approach 2,100 m.p.h. at the poles. Other things being equal, totality at the equator should, on this account alone, last about twice as long as totality at the poles. The fact that some parts of the earth are nearer to the moon than others also has a considerable effect. When the moon is immediately overhead it is one radius of the earth, or 4,000 miles, nearer to us than when it is rising or setting on the horizon ; and 4,000 miles is nearly 2 per cent. of the moon's distance. Thus, in spite of the well-known illusion that the rising or setting moon seems to look larger than the overhead moon, it actually looks nearly 2 per cent. smaller. The psychological enlargement must more than compensate for the geometrical reduction.

We saw that the track of central eclipse, though narrow, was generally several thousand miles long. At the western end of the track central eclipse begins with the sun actually rising totally or annularly eclipsed ; in the middle of the track central eclipse occurs round local noon ; and at the eastern end of the track, central eclipse ends with the sun setting totally or annularly eclipsed. Since the rising or setting moon appears appreciably smaller than the overhead moon, the size of the shadow and the duration of totality must both diminish appreciably towards the two ends of the track. On 30th June when the eclipse began at sunrise a few hundred miles west of the twin cities of St. Paul and Minneapolis, the track was about 70 miles wide and the duration about 70 seconds ; in the middle of the track north of the Shetlands, where total eclipse occurred near noon, the track was about 100 miles wide and the duration 155 seconds ; finally when the eclipse ended, with the sun setting totally eclipsed near Jodhpur in India, the size of the shadow and the duration had again fallen off to the same sort of figures as at sunrise. For these reasons, and because of the low altitude of the sun, expeditions naturally try to avoid being too near the extremities of the track. But occasionally there is nowhere else suitable to go ; and then it is some consolation to know that in these regions one does at least get an unsurpassed view of the dramatic onrush of the moon's shadow. For there, owing to the extreme obliquity with which the shadow strikes the ground, its velocity, as it sweeps over the landscape to envelop one, may reach 4,000 or even 5,000 m.p.h. In any section of the track one naturally gets the longest duration when one is bang in the centre of it, while if one is on its extreme northern or southern boundary the duration one gets becomes vanishingly short. Fortunately the duration increases very rapidly in the first few miles from the edges, and reaches practically its maximum by the time one has got three-quarters of the way to the central line.

As the Chaldeans discovered long ago, an eclipse is always followed by another after an interval of precisely 18 years and 10 or 11 days (depending on the intervening leap-years). This cycle, known as the Saros, is due to a number of numerical coincidences in the motions of the moon and of its orbit. The first eclipse of each 18-year cycle is seen as a small partial eclipse near one of the poles, and each succeeding member of the cycle, occurring at intervals of 18 years, moves into a slightly lower latitude. After about a dozen partial eclipses have taken place, their central tracks begin to strike the polar regions, so that total or annular eclipses begin to occur. These gradually shift into lower latitudes until about half way through the cycle when central eclipses occur in the neighbourhood of the equator. Succeeding eclipses then shift slowly into higher latitudes of the opposite hemisphere. Finally the cycle ends as it started, first with the central eclipses, and then with the partial eclipses, passing off the earth over the pole. A remarkable thing is that all the central eclipses of a given cycle have similar characteristics : they are either all annular, or all total ; and, if total, they all have roughly the same maximum duration. The Philippine eclipse of next year with a duration of 7.2 minutes belongs to a cycle the members of which all have practically the longest possible duration. The eclipse of 30th June belonged to a more modest cycle. Its immediate predecessor, the eclipse of 19th June, 1936, was the last total eclipse which I myself observed ; and one of the photographs which we got of it from the island of Chios is reproduced here. A complete cycle of the Saros comprises between 70 and 85 eclipses and runs its course in a period ranging from 1,250 to 1,500 years. At the present time there are in progress no less than eleven different cycles giving rise to *total* eclipses. The last occasion when a new cycle of total eclipses started was in 1927, when millions of people watched the totality in England. The next occasion will be in 1956, when the first totality of the new cycle will be seen, possibly by a few penguins, in the Antarctic.

The eclipse of 30th June was regarded as one of the most favourable remaining to us during the rest of the present century. It had a reasonable maximum duration of 2 minutes 34 seconds, and in Norway and Sweden, which were near the middle of the track, the weather prospects were better than usual. Consequently a great many expeditions were sent from all over the world. Some of them were to make a further check on the Einstein shift, which causes a minute displacement of the stars seen close up round the edge of the eclipsed sun. Others were to make spectroscopic, spectrophotometric, polariscopic and direct photographic studies of the different regions of the corona. A special attempt was to be made with rapid wide-angle lenses to photograph the furthest extensions of the corona, in order to trace their possible connexion with that outermost of all solar appendages, the zodiacal light, which can be seen as a faint cone of light before or after twilight extending upwards from the sunrise or sunset. So far there is little news, but first reports suggest that in most places the weather conditions were bad, and that many of the expeditions, especially those in Sweden, met with failure. I myself went to see this eclipse simply as a spectator. At my four previous successful eclipses one had been so occupied with working shutters and changing plate-holders that one had little or no time to watch and enjoy the spectacle. This time I had the good fortune to be able to watch it at my leisure and without having to make a tedious journey. Moreover we were going to be able to avoid, or so we thought, all risk of that greatest bugbear of all, a cloudy sky. For the aeroplane in which we went was pressurized and could fly at a height of 25,000 feet. But there we were wrong, for as we approached our selected site, 35 miles due north of the Shetlands, we found dense cloud to a much greater height—a most unusual event at this time of year. So we flew back to the south of the Shetlands where it was still clear, and then set off towards the north east, following the clear sky ; and thanks to the great skill of the pilot and navigator we reached a point on the central track about 130 miles east of the Shetlands where the conditions were perfect. One minute before totality was due to begin at this



Solar Corona. Total Eclipse of June 19th, 1936, photographed at Chios by the author.

point we turned southwards and flew nearly at right angles to the track, so that we could watch the approach of the moon's shadow. This darkness, of the deepest indigo blue, was seen extending from the horizon on the cloud-layer beneath us. Its approaching edge, which was fairly well defined, appeared at first to be coming quite slowly towards us, while at the same time it grew slowly in size and spread further along the horizon. Then quite suddenly it seemed to gather impetus and rush towards us and envelop us in darkness. At the same moment the aeroplane was quickly turned towards the east to fly directly along the central track ; and as it did so we saw above us the black body of the moon surrounded by that wonderful halo of pure white light, the corona, extending outwards on either side in long delicately curving streamers. In the deep blue-black sky surrounding the apparition many of the brighter stars would have been visible, but I myself was too engrossed with the central spectacle to notice more than the brilliant Venus not far to the left of the sun. By flying down the track at 200 m.p.h. we increased the duration of totality by 20 seconds. Then suddenly a dazzling bead of light appeared upon the right hand side of the moon, the corona vanished and daylight was restored.

REVIEW

Medical Terms, Their Origin and Construction, by FFRANGON ROBERTS, M.A., M.D., London. Wm. Heinemann. *Price 6s.*

The purpose of this book is to make it easy for medical students, nurses and auxiliary workers, who have no knowledge of the classics, to understand the meaning and the construction of the words which they have to use. The intention is laudable and there is clearly need for such a book. The design however is purely utilitarian. At the outset the author quotes Quiller-Crouch's just reprobration of the solecism "anti-body", but only to dismiss it majestically with the words "We are unmoved by these strictures." He is apparently interested simply in what is; he is complacent of most mistakes and has little notion of reform. Therefore the student will find certainly a great many correct medical terms adequately explained, but along with them are to be found also some of the worst solecisms, say *diverticulosis*, *halitosis asbestosis acidosis* or *visceroptosis*, condoned without comment. This termination in *-sis* itself provides a useful test. It is characteristic of verbal nouns denoting action, such as *thesis* a setting down, *stasis* a posture, *palsis* a quivering or *rhexis* a rending. if the verb should have a stem ending in *-e-*, the last two syllables of the noun will be *-esis*, e.g. *kinesis* a movement; if the stem should end in *-o-*, the corresponding noun will have the termination *-osis*, e.g. *misthosis* a hiring or *idiosis* a distinction. Examples from medicine are *diagnosis* a discernment, *phimosis* a muzzling and *cyanosis* a dark-blueing. Yet our author lays it down that *-sis* indicates "a state of" or "a non-inflammatory disease" or "the presence of something causing a disease". In a similar way he deals with the termination *-ma*, found in, say, *blemma*, a glance, *ptoma*, a carcase, *asthma* panting or *charma* joy, often with a suggestion of result, as in *pleroma*, fulfilment. Among medical examples are *leucoma*, *glaucoma*, *trachoma*, and *atheroma*, a whitening, a greening, a roughening and a turning into porridge respectively. Yet here we are told that "*-oma* indicates a tumour, with certain exceptions." So we are not surprised when we see it set down later that "*-itis* invariably means inflammation"—though considerably astonished at the statement that "it is derived from the adjectival ending *-icos*." The fact is that the author had two courses open to him: he could have told the enquiring student the truth about these forms with the same precision that he would presumably have employed if he were teaching him, say, the pharmacology of digitalis or the pathology of Cushing's syndrome; or else he could have repeated the erroneous ideas on the subject that are current among most of his contemporaries. The latter course was the one that he chose. Yet I assure him that classical education demands as much good faith and as scrupulous an accuracy as scientific. It is evident that this is the pioneer work of an enthusiast in a good cause, who has achieved a large part of what he set out to do and yet has not wholly succeeded. After this valiant attempt I urge him to make another, with new ideas and a fresh stock of knowledge, telling the medical men just where they go wrong and how exactly they should go right in the future.

H. ST. H. V.

CORRESPONDENCE

Letters to the Editor of the Gazette

R.M.O., Nuffield House.

From the Superintendent.

DEAR MR. EDITOR,—Your readers may have noticed that, in the advertise. ment for House Appointments, the Nuffield House R.M.O. appointment has been changed. It is proposed in future to have only one R.M.O. in Nuffield House, but members of the staff are to be encouraged to get their own House Officers and/or Registrars to supervise their cases in Nuffield House when necessary. This method is in use in the private wings of other hospitals and has proved satisfactory. It is hoped, therefore, that the R.M.O.'s services will only be required for emergencies, or to look after such cases as he is asked to do by Guy's or other Consultants having patients in Nuffield House.

New Standing Orders will be drawn up for the post, and it is intended that the Junior Medical Registrar on duty shall deputise for the R.M.O. in Nuffield House during his off-duty times or holidays. In this way it is hoped that the R.M.O. will have ample free time for study or attendance at lectures etc. in the Hospital

Yours Sincerely

W. D. DOHERTY,

Superintendent.

Theory and Practice

From the Clerk to the Governors

SIR,—While we all cherish the right to criticize, we sometimes fail to remember that rights carry responsibilities and that a critic should first make sure of his grounds.

The anonymous writer of the letter which appeared in your last issue has obviously not made sure of the " facts " referred to, and, equally, cannot be aware of the reasons which have led to certain of the steps that have been taken. This letter is in no way intended as an answer to the criticizms made or implied, but is merely to correct some of the statements made in the hope that this will enable your readers to see the criticizms in their true perspective.

In 1938 the maintenance costs of running Guy's Hospital were £252,000 (not £200,000). In 1953/54 the cost, calculated on the same basis, was £1,200,000 (not £1,500,000). In 1952/53, the last year in which records in this form were kept, approximately 40,000 X-ray examinations were carried out (from figures kept by the Director of the Department of Diagnostic Radiology). (One can only hope that the figure of 641,000 was a misprint.)

The old equipment being removed from the Nurses' Home kitchen was installed before the war and is largely worn out. The contract price for the equipment now being installed in the Nurses' Home kitchen and cafeteria was £3,996 and the estimated cost of providing additional steam, gas and electricity services £704, a total of £4,700 (not £60,000). The economies now asked for, on the instructions of the Ministry of Health, are in current expenditure. The re-furnishing and re-decoration of the Nurses' Home has been taking place gradually over the past few years and is now almost completed, and the fact that it was felt justified to replace all the old iron bedsteads by divan beds with interior sprung mattresses, and to provide new chairs and new curtains for the windows, reflects the Governors' desire to provide the best accommodation they can for the nursing staff. This expenditure has no effect upon the amount of money available to the Hospital for maintenance purposes during the current year. The re-painting and cleaning of all rooms in the Nurses' Home is proceeding steadily, and one of the reasons that has made this work take so long is the shortage of accommodation for the nursing staff, which has necessitated only a few rooms being freed for painting at any one time.

The reconstruction of *William Gull* Ward, because of the overall cost, had to be treated as part of the Hospital's capital works programme. Because of the limitation on the money then available, the walls were, as a temporary expedient, decorated with water paint, with the full knowledge that in two or three years time they would have to be repainted. There was, however, a considerable economy in using distemper at that time, and although it is now intended to repaint the ward, this is no indication of waste so much as an indication of the Governors' efforts to spread the money available in order to clean and decorate as much of the Hospital as is possible and to bring accommodation into use with a minimum of delay.

The Governors are from time to time appealed to to maintain their old buildings in the condition in which they were originally built. It may have escaped the writer's notice that the Georgian houses on the opposite side of St. Thomas's Street are painted in a similar way to the Hospital's property, and that premises in the Borough High Street, including those of banks and business houses, are also painted in exactly the same manner. It might, therefore, be assumed that in choosing the paint in question the Hospital architect had some reasons for his actions.

Yours etc.,
B. L. READ,
Clerk to the Governors.

Grants to Medical Students.

SIR,—Owing to holidays and various other reasons I did not read your Passim of 29th May until recently and as I am an old Guy's man, who has been privileged to live and practise in this lovely " old country town " of Bury St. Edmunds for over 25 years, may I please comment on your article which dealt with the West Suffolk Education Committee and grants to students.

Mr. W. H. Bowen, a distinguished old Guy's man—and until recently the Senior Surgeon at Addenbrooke's Hospital—in his cogent and polite letter states that Education Committees are, from his experience, an elected body of matured minds. I can assure you, Mr. Editor, that the West Suffolk Education Committee is a most experienced and able body. A great friend of mine, until recently the Headmaster of a well-known public school and a member of the Committee, tells me that in his long experience the West Suffolk Education Committee is one of the most enlightened in the country, and one of the most considerate regarding grants to students.

Although you may disagree with their decision, you have no right, in my opinion, to be discourteous and even rude about the intelligence or ability of the chairman and members of the West Suffolk Education Committee, and less right to use the *Gazette* as your medium.

My old friend, Mr. Harris, has already written a strongly worded protest, which I see you considered to be offensive—maybe, but so was your Passim.

Yours etc.,
PAT O'MEARA,

Highbury House,
Westgate Street,
Bury St. Edmunds.

There is further comment on this subject in Passim.—EDITOR.

The Eleven Thousand Virtues of Coventry

SIR,—Your correspondent Dr. G. W. Dryland, asked me to elaborate the tale about the 11,000 virgins from Cologne who visited the robust city of Coventry. I first read of this story in H. V. Morton's *In Search of England* where he states that the happiness of Covenry begins with " the old legend that when Coventry was in its infancy, the 11,000 virgins of Cologne arrived there on a kind of spiritual Cook's tour. They stayed awhile illuminating the village with their piety and, departing, left 11,000 virtues to be shared by successive generations of their own sex in Coventry. If any city in the kingdom has a more beautiful story or has paid a sweeter compliment to its womenfolk I have yet to hear about it. . ."

I had difficulty in tracing the origin of this story and I am very much indebted to Professor Bruce Dickins of the Department of Anglo-Saxon, University of Cambridge, for his help. The Dictionary of National Biography states that " Ursula, was the reputed saint and martyr of Cologne and was the only daughter of a pious

Christian king, Deonotus. She resolved to become a nun but she was sought in marriage by the heathen son of a 'certain most ferocious tyrant' who threatened to lay waste the land if she refused. As the result of a vision, in which was revealed her future matyrdom, Ursula consented on condition that she was allowed as companions ten noble virgins who, like Ursula, were to have each a thousand attendant virgins and a ship. The prince was, morover, to become a Christian. The eleven ships, with Pinnosa, Ursula's chief companion as admiral, after cruising for three years round the British coasts, sailed up the Rhine to Cologne and to Basel, whence Ursula and her companions went on foot to Rome. Returning to Cologne, which had meanwhile been seized by the Huns, they were massacred in 238, Ursula being slain by an arrow."

Whether this is true or not has been discussed very fully by the Rev. S. Baring-Gould in the "Lives of the Saints" Vol. 12. The first reference which could be traced by Professor Bruce Dickins about the visit to Coventry is in the 13th Canto of Michael Drayton's poem '*Polyolbion*' where he writes :—

'*And for that purpose, first made Coventry so great*
(A poor thatch'd village then, or scarcely none at all,
That could not once have dream'd of her now stately wall),
And thither wisely brought that goodly Virgin-band,
Th'Elen thousand maids, chaste Ursula's Command,
Whom then the Britan Kings gave her full power to press,
For matches to their friends in Brittany the less.
At whose departure thence, each by her just bequest
Some special virtue gave, ordaining it to rest
With one of their own sex, that there her birth should have,
Till fulness of the time which Fate did choicely save.'

Dr. Dryland may be able to inform us whether there is any record in Hereford about St. Ursula, as the Reverend S. Baring-Gould relates that in Modern Roman Martyrology, St. Ursula is mentioned in the York, Sarum, Hereford and Durham Kalendars.

Yours, etc.

R. E. SMITH.

Hill House, Nr. Rugby.

Dental Hypnosis

SIR,—I think it would interest your readers to know that the two Dental Surgeons who demonstrated the use of Hypnosis in Dental Surgery both at the Annual General Meeting in Blackpool and on the B.B.C. Television programme were both old Guy's men.

The British Society for Dental Hypnotists has now a membership of nearly 100 Medical and Dental practitioners very many of whom are old Guy's men.

May I use the hospitality of your columns cordially to invite any present medical or dental students who are interested, to our lectures which are held at the Eastman Dental Hospital? These are advertised in both the medical and dental journals.

Yours etc.,

LEONARD BECKER.

9 Havergal Villas,
N.15.

Proposed Coat of Arms for the B.M.A.

SIR,—I dare not risk this on the *British Medical Journal*, but am trying it on you. Have you seen the proposed Coat of Arms for the British Medical Association ? Is the apple in the hand of Hippocrates intended to "keep the Doctor (Harvey) away" ?

Or is the pessary in the hand of Dr. Harvey a sort of cautionary tale—end result of the first apple ?

Yours etc.,

Q. S. GABB.

London. W.1.

"Psychology—The Nurse and the Patient"

SIR,—I would like to thank Dr. Cashmore through the courtesy of your columns for drawing scarcely merited attention to my little review.

May I amend his letter in one particular. He says : "*Many* psychiatrists . . . would not accept without difficulty such statements as . . ." ; unfortunately it would at the present time be even more correct to say "*Most* psychiatrists ".

Finally, Dr. Cashmore is too generous in believing that the opinions expressed were all my own. The credit, however, goes elsewhere. I would refer him *inter alia* to the following :—

1. Gull, W. (1874). Anorexia Nervosa. Clinical Society's Transactions, **8**, 22.
2. Griesinger, W. (1867). Mental Pathology and Therapeutics. Translated by C. L. Robertson and J. Rutherford. London ; The New Sydenham Society. pp. 252-271.
3. Bleuler, E. (1911). Dementia Præcox or the Group of Schizophrenias. Translated by J. Zinkin. New York ; International Universities Press (1950). pp. 162, 163, 300, 301, 305, 310, 321, 322, 325, 487, 488,
4. Kræpelin, E. (1919). Dementia Præcox. Translated by R. M. Barclay. Edinburgh ; Livingstone. pp. 87, 102, 144, 259, 270, 271.
5. Brody, E. B., Redlich, F. C. (1952). Psychotherapy with Schizophrenics. New York ; International Universities Press. pp. 69-80.

Yours, etc.

R. A. H.

York Clinic, Guy's Hospital,
London, S.E.1.

Medical Mispronunciation

SIR,—I remember my temporary bewilderment some twenty years ago, when doing a post-mortem, on being asked by a new lab. technician if I would show him which part of the intestine was the "Kycoom".

Yours etc.,

I. B. MORRIS.

Pennyless Bench
Harbledown,
Canterbury.

Omphalosophy

SIR,

Most students were quite cynical
Before the lecture clinical
On Tuesday, by a Doctor Bean,
Whom none of us had ever seen.

His lecture was historical
In that it was poetical—
There's not a man from Guy's who'll claim
Whole lectures in poetic vein.

His subject was, strange to relate,
The umbilicus and its fate.
His witty verse brought great applause
When he addressed the Dinosaurs.

Two brains they had he firmly said,
One in the rear, one in the head.
The umbilicus lay between,
Which plainly made it King *and* Queen.

An hour was spent with this, his fable
About all aspects of the navel.
The scanning was in places hazy ;
The verse itself, at times, quite crazy.

The students were most laudable
In their response quite audible
On Tuesday, to a Doctor Bean ;
Whom all of us have gladly seen.

Yours etc.,

DOGGEREL.

Guy's Hospital, S.E.1.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for the appointment of Assistant to the **Director of the Department of Child Health.** Candidates should be medically qualified and preference will be given to those with higher qualifications. Duties to commence on the 1st October, 1954. Salary scale £1,250 x 100 to £1,750 with superannuation and family allowances. Forms of application are obtainable from and should be lodged with the Dean, Guy's Hospital, S.E.1, not later than **19th August, 1954.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1.

Applications are invited for the post of Non-resident **Senior House Officer in the Casualty Department** for five morning sessions weekly. The appointment is for six months from the 1st September, 1954. Applications and copies of three recent testimonials should reach the Hospital Secretary by **Tuesday, 10th August, 1954.**

HOUSE APPOINTMENTS

1st September, 1954

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st September, 1954 :—

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as Assistant House Surgeon. During the second three months of the appointment candidates will either move to the post of Out Patient Officer (Surgical) or will remain as Assistant House Surgeon.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as Assistant House Physician. During the second three months of the appointment candidates will either move to the post of Out Patient Officer (Medical) or will remain as Assistant House Physician.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Out-Patient Officers (*Pre-Registration*) 5
House Surgeons (1 *Pre-Registration*, 1 *Post-Registration*) 2
House Physicians (1 *Pre-Registration*, 1 *Post-Registration*) 2
Resident Obstetricians (1 *Pre-Registration*). Commencing 1.9.54. (1 *Post-Registration*). Commencing 1.11.54. 2
Ophthalmic House Surgeon (Non-Resident (*Post-Registration*) 1
Ear, Nose and Throat House Surgeon (*Pre-Registration*) 1
(3 months at Guy's Hospital followed by 3 months at Orpington Hospital.)
Neurological House Physician (*Post-Registration*) 1
Children's House Physician (*Pre-Registration* 1
House Physician to the Department of Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) 1
Resident Anaesthetist (*Post-Registration*). Commencing 20.9.54. 1
Resident Medical Officer, Nuffield House (*Senior House Officer*). Commencing 18.9.54. 1

Note : As from the date of the retirement of the second Resident Medical Officer in Nuffield House, that is, 8.10.54, there will be only one Resident Medical Officer appointed, his off-duty time and holiday periods being covered by the Junior Medical Registrar on duty. The remuneration of the post from 18.9.54 will be at the Senior House Officer rate of salary, that is, £745 per annum, less £125 per annum for board and lodging.

The Medical Committee will also consider applications for appointments at outer hospitals as follows :—

LEWISHAM HOSPITAL
House Surgeon (*Pre-Registration*) 1
House Physician (*Pre-Registration*). Commencing 16.9.54. Second 6 months appointment. 1

ST. JOHN'S HOSPITAL, LEWISHAM
Casualty Officer (*Pre-Registration*) 1

QUEEN MARY'S HOSPITAL, SIDCUP
House Physician (*Pre-Registration*) 1

JOYCE GREEN HOSPITAL, DARTFORD
House Surgeons (*Pre- or Post-Registration*) 2

SOUTHERN HOSPITAL, DARTFORD
House Physician (*Senior House Officer*) 1

Applications, giving choice of post and choice of Hospital in order of preference, should be lodged in the Superintendent's Office, not later than **Tuesday, 3rd August, 1954.** Candidates who apply for appointment at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES

Pre-Registration Candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical or Medical posts respectively. The post of R.O. will be regarded as a Surgical post and not a Medical post.

W. D. DOHERTY,
Superintendent.

APPOINTMENT

J. Spencer Jones has been appointed Assistant Chest Physician to Isle of Thanet and S.E. Kent.

NURSING NEWS

Entered.

Sister Farnsworth, 8.7.54. *Night Duty.*
S/N P. Ford, 12.7.54. *Night Duty.*
S/N Everitt, 12.7.54. *York Clinic.*

47 Nurses entered P.T.S., 14.7.54. (Names will be published in our next issue).

Left.

S/N Trickett, 9.7.54.
Mr. Lynsky, 10.7.54.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates :

1 line 6s., 4 lines 20s. Box Numbers 9d. extra.

Replies to Box Numbers should be addressed to " Gazette " Office, Guy's Hospital, London, S.E.1

Wanted

THIRD PARTNER required in first class steadily expanding Dental practice established 75 years (two partners 54 years) in Leamington Spa. A share will be offered to a young dental surgeon of character and ability. Please reply with details of professional qualifications, education, age, etc., to C. G. Wright, 19 Waterloo Place, Leamington Spa.

TWICKENHAM. Guy's man requires Assistant Dental Surgeon early September. Modern Surgeries, full assistance, generous terms. 'Phone Popesgrove 1542 or write Box No. 58.

WILKS & BETTANY. History of Guy's (2 copies required). Box 47.

CHESS CLUB

The annual general meeting of the Chess Club was held on Wednesday, 7th July. All officers of the outgoing committee were re-elected for the coming year :

Mr. J. B. Blaikley—President.
Dr. P. J. Collard—Vice-President.
M. Kinsbourne—Captain.
D. A. Sabel—Secretary.

Among the points raised in the discussion that followed was a proposal to form a "B" team next season. In this way match practice could be offered to those players who are interested in the game, but lack experience of competitive chess. Enthusiasm rather than ability would be required of the members of such a team. As the fate of this proposal rests entirely on the public support it receives, it was hoped that all interested in playing in "B" matches will inform the Captain or Secretary.

The President presented the Blaikley Trophy to M. Kinsbourne. In the Final of the Blaikley Trophy Competition the latter was successful against R. O. Selby, the holder. The winner played with the black pieces in a French defence extending over 43 moves.

PASS LIST

UNIVERSITY OF OXFORD

Second B.M.
Trinity Term, 1954

Pharmacology and Principles of Therapeutics

D. C. S. Hutchison

General Pathology and Bacteriology

D. A. Lillicrap

Medicine

J. Billingham
C. P. McEvedy
*J. P. A. Weaver

Surgery

J. Billingham
C. P. McEvedy
*J. P. A. Weaver

Midwifery

*J. P. A. Weaver

*Has qualified B.M., B.Ch.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.
First Examination
July, 1954

Anatomy and Physiology

Ann Davies
B. H. Irish
S. J. Lubbock
A. F. Lutter
B. J. Moore

Special Anatomy and Physiology

Ann Davies
D. F. C. Duke
A. F. Lutter
I. Maselle
D. C. Shelley

CHANGES OF ADDRESS

A. J. Bligh, B.D.S., Annesley, Queens Road, Crowborough, Sussex.

G. V. Crine, L.D.S.R.C.S., 3 Upper Lemon Street, Truro, Cornwall. (Tel. 2777).

W. F. Dobson, L.D.S.R.C.S., 206 Grange Road, Bermondsey, S.E.1. (Tel. Bermondsey 2085).

D. V. Duckworth, M.B., B.S., 42 Langley Way, Watford, Herts. (Tel. Gadebrook 2590).

R. E. Feaver, L.D.S.R.C.S., D.D.S., 8 Gloucester Gate Mews, Regent's Park, N.W.1. (Tel. Welbeck 3029).

I. Kelsey Fry, B.M., B.Ch., The Firs, Woodlands Road, Bickley, Kent.

P. Griffiths, L.D.S.R.C.S., 21 Hall Place Gardens, St. Albans, Herts. (Tel. St. Albans 579).

G. E. Haward, M.B., B.S., 79 Holmes Avenue, Hove, 4, Sussex. (Tel. Hove 38080).

P. Hume Kendall, M.B., B.S., Wasps Well Outwood, Surrey. (Tel. Smallfield 41).

E. F. Kerby, M.B., B.S., 48 East 43 Street, New York 17, N.Y., U.S.A.

P. G. Large, M.S., F.R.C.S., 15 Kingsdowne, 191 Cato Road, Durban, S. Africa.

BIRTHS

COOK.—On 1st July, 1954, at Thornton House Nursing Home, Redhill, to Vera, wife of Dennis Cook, L.D.S.R.C.S., a son (Richard James), a brother for Elizabeth.

DIXON.—On 4th July, 1954, to Olga Patricia (née Whitley), wife of G. Dixon, M.B., B.S., a daughter (Anne Marie).

HAWARD.—On 5th July, 1954, to Valerie, wife of G. E. Haward, M.B., B.S., a son (Nicholas), a brother for Penelope Anne.

HERBERT.—On 1st July, 1954, to Edith (née Jones), wife of Hugh Herbert, M.B., B.S., a son (Daniel Rhidian).

LEE.—On 5th July, 1954, at St. Richard's Hospital, Chichester, to Pat, wife of A. B. Lee, M.B., B.S., a son (Michael Baskerville).

PONDER.—To Ruth (née Skeet), wife of R. C. Ponder, M.R.C.S., L.R.C.P., a sister for Peter, Teddy and Jeremy.

MARRIAGES

CRINE—REW.—On 29th May, 1954, at Newton Abbot, Devon, Geoffrey V. Crine, L.D.S.R.C.S. to Ruby E. Rew, S.R.N.

FEAVER—McRAE.—On 28th May, 1954, at St. Peter's Church, Limpsfield, Surrey, Roy Ewart Feaver, L.D.S.R.C.S., D.D.S., to Dorothy McRae.

WILKES—JAMES.—On 10th July, 1954 at St. Mary Abbot's Church, Kensington, Denis Owen Wilkes, B.D.S., L.D.S.R.C.S., to Patricia James, S.R.N.

DEATH

SAMBROOK.—On July 16, at St. Thomas's Hospital, London, Eileen Mary Sambrook of Oldwell, Wordsworth Avenue, Cardiff.

EDS. { **B.B.D.T.**
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVIII No. 1723 7th August 1954 One Shilling

PASSIM

IN the Borough, August Bank Holiday is the quietest day of the year. The emphasis is on " day ". The streets are almost deserted, though there is a merry enough rush of cars skimming from London Bridge, heading for the south. In the station yard the thinned rows of buses stand dreaming hopefully of the streaming queues which will fill their fat sides next morning. At the roadside lies a page of the day before yesterday's paper. The shops are closed. The shutters are up.

Come across to Guy's. The Hospital, seen in the misty sunlight, broods thoughtfully, casting a somewhat sceptical eye over the broad expanse of tile, glass and concrete which has reared itself aloft across the way. Red geraniums in profusion cascade from twenty window boxes around the forecourt and Thomas Guy stands guardian over three, solitary, cars. In the colonnade the letter racks are gay with foreign stamps. The College lodge is decorated with cards from Brighton and Dubrovnik. Nurses in the wards speak of holidays (p.r.n.). The operating lists have gone by the board. In the newspapers Cowes Week dominates the picture page and a letter from one's chief on " Harley Street " notepaper, arrives in an envelope marked " Brixham, Devon ".

S.E.1, on our very doorstep, seems miles away today.

On 31st July Mr. P. M. Moffat, who has been Ophthalmic Surgeon to the Evelina Hospital since 1937, retired from the active staff there. Mr. Moffatt entered Guy's in 1919 and qualified in 1924. He obtained the D.P.H. in 1930, M.D. in 1933 and became F.R.C.S. in 1937. He was Ophthalmic House Surgeon in 1924, Medical Officer in charge of the V.D. Department from 1928-1930, and clinical assistant to the Ophthalmic Department from 1931 to 1940.

He will be greatly missed by all his friends at Guy's and the Evelina, but we hope often to see him among us, and wish him many years of happy and prosperous retirement.

We congratulate Dr. H. Greenburgh on his appointment as Consultant Pathologist in the Plymouth clinical area and wish him every happiness in his new surroundings.

The stockade which has been erected in the Park has tickled the imagination of many of us. We wondered whether this was to be the site of yet a further vegetable shop or whether it was perhaps to be the central defence point in case of an invasion at Guy's. This latter thought evoked entrancing visions of the Hospital Staff defending the Victorian brick of Hunt's House against all comers. We are truly sorry to announce that the stockade has a function no more glamorous than to veil from the eyes of the curious some intensive research into the Hospital sewers.

We apologize for the large astronomical meteorite that we dropped in the last issue. As our correspondent so rightly points out, we must have been at least partially eclipsed when we printed the picture upside down.

Saturday, 24th July, saw scenes of wild excitement in the Park. Five fire engines complete with a regiment of firemen had arrived in response to a fire call. Unfortunately, their services were hardly required—a smouldering tarpaulin was, we understand, blown out by a passer by. The firemen retreated disappointed but unsmirched.

O. GAYER MORGAN, M.Ch., F.R.C.S.
Consulting Ophthalmic Surgeon Emeritus 1954.

O. GAYER MORGAN, M.Ch., F.R.C.S.

THE Registrar General has shown without a shadow of doubt that with each successive year a higher percentage of the population of our country will be over 65 years of age. At Guy's less than half a century ago all members of the Staff were regarded as passé at the age of 60 and almost senile at 65. Although nothing can stop the years rolling by, it is as clear as can be that despite the increased tempo of life today, to say nothing of two wars, the great majority of the population show fewer obvious signs of ageing than they did in the past. The Ministry of Health have recognised this fact so far as Consultant Staff in the National Health Service are concerned by extending their employment age to 65.

Gayer Morgan is indeed a striking example of how young in body and mind it is possible to be at the age when retirement from the active consultant staff becomes necessary. Those of us who have known him since the early nineteen twenties when he returned from the first world war can see little evidence of change with the passage of the years.

The writer was a dresser on the Arbuthnot Lane firm when Gayer was house-surgeon. One of the factors which stimulated myself and others to apply for the Lane firm was the personality of the then house-surgeon. Perhaps today house officers are less intimately in contact with dressers than they were in 1914 but certainly in those days the personality of a house-surgeon could make or mar the appointment as far as his dressers were concerned.

Certainly we never regretted our choice, for Gayer was a paragon of virtue from the point of view of his dressers, courteous to all, never rushed, always ready to give advice and encouragement, tolerant even when things went wrong, slow to blame and quick to forgive.

The qualities which made him a favourite among students in his early days have gained Gayer the affection and respect of generations of Guy's men, who have been in contact with him, whether as students or practitioners, over nearly forty years. In a somewhat circumscribed specialty such as Ophthalmic Surgery, it is easy in a big general hospital to remain relatively little known, even to colleagues. Not so with Gayer. Ever since he was appointed to the Staff, and indeed before, he has taken a keen interest in all aspects of Hospital and School activities. Only rarely was he absent from meetings of the Medical Committee, where his well balanced opinion was greatly respected by his colleagues. Soon after the introduction of the National Health Service, Gayer was appointed a Governor of the Hospital on the nomination of his colleagues. All Guy's men will be glad to know that as late as March, 1954, he was reappointed for a further three years as a Governor.

In the first world war Gayer served in the Millicent Sutherland Ambulance organised by the Duchess of Sutherland. Here he was in command of the Unit and also did much of the surgery.

In the early days of the war the whole unit was captured at Namur and worked under German supervision for six weeks. They were then returned to England and after reorganisation reopened in France. Gayer remained in command of the Unit throughout the war and many Guy's men served under him.

There is no need to emphasise, least of all in the Guy's Hospital *Gazette*, the pre-eminent position Gayer Morgan held in all to do with " Eyes," both as a consultant and a teacher.

Guy's will indeed miss Gayer Morgan, but we all hope that he will be seen frequently at the Hospital—as indeed he certainly will during the next three years at the various committees which he attends as a Governor. It is encouraging to realise that though we have lost a quite outstanding Ophthalmic Surgeon the Hospital will still have the benefit of his wisdom and mature judgment in dealing with the many important problems which will arise in future years. For eleven years he has been Chairman of the Ophthalmic Group Committee of the British Medical Association and also is a member of the Central Health Services Council. All Guy's men and indeed many others will combine in wishing him good health and happiness.

J.J.C.

NOTICE

Sherlock Holmes and Dr. Watson—a Medical Digression and *The Hound of the Baskervilles* by Maurice Campbell, O.B.E., D.M., F.R.C.P., are still available as reprints and may be obtained from: The Manager, *Gazette* Office, Guy's Hospital, Price 2/- and 1/- respectively.

"POINT OF DEPARTURE"

Produced by Guy's Theatre Club

Reviewed by D.S.-C.

The Theatre Club succeeded in surpassing even their established reputation for ambition and enterprise by producing this extremely difficult and complex modern play of ideas to mark the 10th anniversary of their foundation. Jean Anouilh is a dramatist of the modern French existentialist school, whose best known protagonist is Jean Paul Sartre. Any attempt to convey the meaning of the play, as a preliminary to commenting on the rendering of it given by the Theatre Club, demands some grasp of the principles of existentialism itself. These have been succinctly expressed by Sartre in an essay on the subject, in these words :

> " L'homme est ce qu'il se fait ; l'homme n'est rien d'autre que ce qu'il se fait ; Tel est le premier principe de l'existentialisme."

He develops this idea by saying that while man is, and becomes, what he does, and is nothing other than what he does, he must be regarded as doing what he chooses. In this sense therefore he chooses what he is, and in this choice determines what for him everyone else must be. This is a somewhat stern and stark idea, and it is against this background that the story and the characters in the play take their significance.

The story in essence is simple enough. A young itinerant musician falls in love with a young itinerant actress. He is the sole support of his aged father, with whom he wanders from café to café, playing the accordion while his father accompanies somewhat ineptly on the harp. She is the daughter of the ageing and lascivious leading lady of the touring company, and has already become involved in a loveless affaire or two. His name is Orpheus, hers Eurydice.

As the price of their coming together he abandons his father and she her lover and the rest of the company. The father faces ruin and the lover commits suicide under a train. Orpheus and Eurydice go together to a hotel in Marseilles followed by a mysterious stranger, Monsieur Henri, who has taken a kind of supernatural interest in them. There Eurydice is pursued by the impresario of the company, who has also been her lover, and to escape being confronted with him in the presence of Orpheus she runs away from both of them and is killed in a motor bus accident. Monsieur Henri promises Orpheus that he can have her back, alive, if he can pass one night with her without looking at her. Anguished and eager for the opportunity, he takes it, only to become agonised and recriminatory when she returns to him ; he feels compelled to look at her to test her sincerity in her account of her life before she met him, and so consigns her back to death. His father returns to claim him, and Monsieur Henri offers him the alternative of suicide which he accepts, on the strength of Monsieur Henri's promise that only in this way can he and Eurydice be united for ever in the first unchanging flush of their young love.

If I have put this somewhat baldly, the technique is deliberate. Existentialism is entitled to no sentimental concessions from a reviewer and would ask for none. The importance of this play lies perhaps in the ideas expressed in the second scene of the last act, and in the portrayal of the individual characters. It was in this portrayal that each member of the cast seemed to sense, and express with remarkable fidelity and appreciation, the underlying theme of existentialist philosophy. Looking at each of the main characters in turn, it was fascinating to see the way in which the author's implied intentions were mirrored by the actors and actresses responsible for interpreting them.

Orpheus is a romantic youth, unable to trust himself and therefore incapable of trust in others. A tragic betrayer, he fears betrayal. But he can achieve heroism in this setting only if he chooses death rather than betrayal of his romanticism, his only real asset. The character of Eurydice is the most complicated and therefore the most ambitious in the whole play. She too is young, vulnerable, romantic, and generous. She is also impulsive, capable of ruthlessness, but incapable of sustained courage. She is all too ready to despair, and so inevitably precipitates desperate situations. She is doomed before the play begins. Mathias is doomed because of her : so, in a different way, is Orpheus.

Her mother and Vincent are gross, complacent, vain, petty and insincere. They make their world the same as themselves, but unlike the young lovers, they contrive to enjoy it that way. They are partly but quite unconsciously responsible for the doom of Eurydice ; more so than is Molac. Molac himself is entirely heartless, selfish and cruel : a beast of prey. Therefore he makes the world into a jungle and reduces people to animals. In as much as they depend upon him, animals they become. The Manager is an ineffectual, inadequate, well meaning coward ; as such he spreads defeat. This too involves and engulfs Eurydice.

The father of Orpheus is pitiful, sensual, earthy, feebly resourceful ; intelligent but essentially base. Even his day dreams are sordid, and so is his world ; but within it he is tolerably content. The hotel waiter does nothing, is nothing, and so is compelled to live secondhand, so to speak. Exactly the same is true of the clerk ; but he clings to Eurydice's letter for his romantic inspiration, and thereby feels justified. For him mankind is thereby justified also.

Seen on this basis the characters offer a varied challenge, with Orpheus and Eurydice the most abstract and symbolic, while Molac, the father of Orpheus, the mother of Eurydice, and Vincent are the most meaty. Monsieur Henri is himself the voice of existentialism and also apparently the agent of death. This significant combination offers a wonderful chance to an actor capable of appreciating and enjoying it.

In this production Trevor Hoskins, as Orpheus, making his first appearance in a major part, achieved a wonderful sensitivity and flexibility, which suggested first rate direction. Josephine Simon as Eurydice had clearly taken her part more personally, and perhaps owed less and responded less to the over-all influence of the producer ; but these two together gained the success, in an extremely difficult duet, which had just eluded the hero and heroine of " The Lady's Not For Burning," the Theatre Club's previous production this year. The recruitment on this occasion of veterans from the Theatre Club for the main character parts was a triumphant success. Michael Hall as Monsieur Henri, John Hayward as Molac, Peter Barrett as Vincent, and Bill Lund in the small but important part of the clerk, all got under the skin of their parts with tremendous enthusiasm and wonderful fidelity. That their opportunities were so admirably blended must owe a great deal to the skill and vision of the producer, Tony Brewin, who also turned in a magnificent portrayal as the father of Orpheus. Of the other parts one can truthfully say that there was not a failure among them, the whole production being remarkable for the felicity of its casting. Moreover, similar praise was earned and must be given to every other aspect of the production ; the timing and contriving of the special effects, the smoothness and style of the presentation as a whole, equalled and at times surpassed even the most slick professional touch of an established repertory company. For me, the whole thing was a joy, a magnificent tour de force and this despite a personal mistrust of the philosophical basis of the play itself. With this production the Theatre Club have achieved the singular distinction of coming of age on their 10th birthday. We at Guy's are bound to wish them, in the fullest sense, many happy returns of days like these, for them and for us all.

COMMENTS OVERHEARD

(*As an appendix to this review it occurred to me that it might be of interest to reproduce a few of the more stimulating comments made after the play by members of the audience . . .*)

" John Hayward certainly excelled as Molac ; but that's how I've always imagined him in real life . . . ."

" Peter Wilson was as good in this as he was as the priest in ' The Lady's Not For Burning ' ; but if he has one more role of that kind he'll risk becoming typed for life."

" People in the gallery must have had a wonderful view of the second girl (Sally Charlton)."

" How Mike Hall must have loved being slightly sinister and sadly kind as Monsieur Henri. It's how he sees himself ; urbane, cynical, and tender hearted."

" It was cheating for Anouilh to mix up a Greek myth about immortality with a philosophy which practically amounts to a denial of life ; but the Theatre Club certainly got away with it for him."

" What a pity so few of the senior staff seem to come. The Club would welcome them, and they would be extremely well rewarded if they came."

(*A variety of photographs of scenes in the play may be purchased at the " Gazette " Office.*)

OBLIVIA (4)

By Q. S. GABB

Quite a few of our evacuees, tired of the dullness of the country, and appreciating Hitler's neglect, oversight, or misplaced contempt of Britain, returned whence they came. But with the assorted preparations for the inevitable switch of hate, the winter, work-propelled and shortened by the wonderful autumn, slipped past, and that epoch-marking May was upon us. On the fifteenth, just when we were becoming really war-conscious, a local wedding was shorn—if we can shear a wedding—of all those guests in branches of local defence, who slipped away in an atmosphere of hush and haste which gave unbounded scope for vivid imaginations. In fact, a passing commercial traveller had been surprised to see what looked like a parachute descending behind the further hedge of a roadside field. He went to investigate, and while doing so was seen by a distant farm labourer and promptly chased. He got away, but the number of his car was noted, a bicycle was borrowed, and very soon the whole county was alerted, and naturally, per grapevine, everybody knew that at any moment, if not sooner, paratroop invaders would be at their doors.

The commercial was caught and arrested : L.D.Vs. blocked all main roads by rolling tree trunks, already provided with one end on a wheel, across them and re-inforcing them with concrete blocks ; they thereafter leaped from cover armed with the pikes and pitchforks, or what have you, which their forefathers used at Sedgmoor and held for interrogation all unfamiliar wayfarers. The officiating bishop, having a happy time taking some of the bridesmaids still in their regalia (having had no time to change) to catch a train, had some difficulty in explaining what looked at first an unlikely congeries. But it seemed still more unlikely that anyone would have had the idea of disguising themselves as bishop *and* bridesmaids, and the train was just caught by the energetic prelate shooing the damsels and, it was reported, helping with the luggage. The source of all the trouble and brou-ha-ha was believed to be some sort of weather recording apparatus from the stratosphere or neighbouring parts. We are not familiar with such ethereal visitations here, but we saw one day of glorious life.

Years after Dunkirk, one was finding fresh people who had quietly slipped across channel to aid in the great deliverance. It was only a few months ago that the craftsman who makes my indestructible shoes chanced to mention that he had been across " a few times " in his launch. Among our refugees was a Belgian lady, who in spite of having achieved a long family was nevertheless in great trouble with one more addition to her tally. Never having heard of instrumental delivery she was loud in praise of " those English ladles." One thinks of her when taking salad.

Presently we were honoured by the arrival of three pitifully attenuated battalions of Dunkirkers to go under canvas, among them that crowd, dead but declining to lie down, who marched in with feet a shambles, behind a subaltern with a mouth-organ having a go at the Regimental March. They were all County regiments, and of all the delightful people we had, we loved them the best. We were greatly privileged to have some as billetees.

Later a standing camp went up and a succession of units exhibited that individuality which astonished us by showing how constantly the same thing can be different. Some were better company than others, but all were disciplined. About the worst thing that happened was that one night a few apples went missing. Somehow the C.O. got wind of it, and the next day he called, himself, with a magnificent offering of fruit from the mess.

The end of that phase came with the farewell party of two battalions of Guards, and the R.A.M.C., on the same night. Having spent a quite adequately convivial evening with the latter, a 'phone call reminded us that we were overdue at the former, with the rider, offer, or perhaps threat, of sending an escort if we failed to make it under our own power. A night even the Padre will never forget. But, on the whole, the most enjoyable party among many, was that given by a Battery of T.A. gunners. They produced a perfect galaxy of parlour tricks, the star turn being a Major, who took a tumbler of beer into a corner, balanced it on his head, and so manoeuvred it down without benefit of manual touch, as to be able (and willing) to drink it without a drop spilled. It does sound unlikely, but it was sufficiently early in the evening for us all to be quite sure we had in fact seen it ;

hypnotism was discounted ; the notes compared in the morning confirmed our impressions.

During that other miracle of victory of spirit over matter, the Battle of Britain, personal interest was engaged intensely in a squadron of Poles. They were magnificent aerobats and magnificent fighters, but they hated the Huns with an intense ferocity to which we had as yet hardly attained, and were so utterly devoted to vengeance on them, that ideas of saving a spot of fuel for return to base tended to be obscured in a red mist of fury ; and though sometimes themselves they returned via underground (not the original inner circle), all too often their precious planes were written off for the sake of an extra killing, when they were badly wanted to fight another day. They were believed in any case to take terminal precautions against being taken alive

Later again we became helpless spectators of the lethal processions on their way to the industrial areas night after night. It seemed that they came our way to pin-point their position by certain identifiable sheets of water incapable of camouflage, and we had soon after their passage the heartrending sight of some city up to nearly 100 miles away, located by compass and map, giving a ghastly "Brock's benefit" and lighting the sky in its death throes. Tears and laughter are sometimes not far apart, and there was just one speck of comic relief at Coventry. A direct hit had, may one say, liquidated an ornamental water, home of a number of swans which seemed to have been more or less washed down the street in the midst of all the turmoil. Setting out by light of day to trudge home (and the most pitiable objects they were) smothered with oil and filth, and very cross with everybody, they had evidently decided by unaminous vote, that the firemen who were so prominent at the time of their disturbance were clearly the cause of all the inconvenience, and whenever one of these heroic men appeared, the feathered bipeds (which is about what the erstwhile birds had been reduced to), made a concerted attack on them. A sort of swan-song.

The next impingement on our locality was the arrival of some coloured Yanks, an entirely new experience for us, and a not unpleasant one. Having no " coloured" problem in rural England, it may be that we treated them a little differently from what they were used to, and put them on their mettle. Their behaviour was cheerful amd courteous ; the " souvenirs " they left behind were very few, and progeny of consent ; there was no violence. They drank and danced with the locals, and were on the whole discreetly welcomed by the girls. Their mental age seemed to average about 16. Then came their white fellow countrymen and the scene underwent a change. Some of our pubs were put out of bounds for blacks, and they were only allowed separate dances, on certain nights. It was most unfortunate that we had not realised that this would be bound to happen.Naturally they felt aggrieved, and when after both sorts had " had a few," and they met at closing time, there was a tendency towards incidents. One night a soldier came into the surgery needing nineteen stitches in his back. After that the whole place was put out of bounds on a rota. If only the whites had been here first things would have been quite different.

It would be quite impossible to meet more completely delightful people than some of the Americans, but a regrettable proportion seemed to have the mental age of about 12, or when in drink, a good deal less. There was little else for them to spend their very high pay on, and when the stage was reached it was easy for them to forget that they were not in an occupied country. It was resented that their Military Police always promenaded swinging clubs, particularly when coupled with what seemed a reluctance to control their " buddies." It meant no more to them than carrying a toothpick, but to see them swinging a darned great club in one hand and the other round a girl on the way into a pub—well, our Military Police may not be loved, but they are respected.

At closing time the noise could not be exceeded by any zoo, and it is regrettably the fact that a regular parade used to start along the high street, when the letter-boxes of the shops, if of convenient height, were habitually used for a purpose for which they had neither been designed nor caulked. Our Police had no authority ; theirs did nothing. Finally ridicule was more effective than prohibition. A letter box was supplied with an adequate amount of calcium carbide, and the resulting chemical decomposition frightened the first contributor out of his residual wits. When those troops left there were the queerest scenes. Perhaps our Government would not offer what they thought adequate, or had no use, for their surplus stores, but the orders were that all opened stuff was to be burnt.

They were generous enough not to post a guard ; most of the local population gathered round, and astounding captures were made of clothing such as boiler suits, blankets and scarcely singed stores of all sorts. A kind of half-hearted hetacomb went on for days, greatly to our benefit.

It would be very ungenerous to leave the subject without a deeply felt tribute of admiration and gratitude to the skill and kindness of the absolutely first class Medical Officers, and the wonderful quality of their equipment.

By this time Home Guard organisation was reaching a really high standard, and as one battalion area covered 700 square miles, what with settling F.A. posts, training a few men in each platoon and a first aid squad in each company, arranging exercises and competitions, and umpiring others, bed-time notably receded for months on end. The keenness of the men was phenomal. One squad of farm lads who had to travel on an average nine miles overall to each parade, won a competition open to three counties, and one night in particular is remembered on which they preferred to finish their exercise rather than knock off for a pint before closing time.

While planning out the best approach route for collecting wounded in an impending exercise, a N.C.O. was doing the ground work, while the M.O. indicated when he was too visible by discharging an empty air pistol as a signal. A thrilled but rather dim school-boy, watching from the cover of a spinney, convinced himself that the M.O. in mufti was an armed spy, trying to delete the N.C.O. Raising a bicycle he tore to the village, dug out the local P.C., and assisted in the arrest of the " invader," who of course had not his identity card. Driving licence produced was held not to be evidence, as the car was obviously stolen anyway. Meanwhile the N.C.O. crawling from bush to hollow and hearing no protesting shots thought he was making a most wonderful approach, and it was only when he reached his " objective " and found it under arrest, that it became possible to convince the very rural constable that the pistol was not lethal, and we on our lawful occasions, He was the more suspicious because it was from his " manor " that the alleged parachutist commercial traveller had escaped two years before.

One exercise nearly led to too much verisimilitude, as A could not convince B that his whole advance had been observed and signalled by vedettes concealed on surrounding summits. There was an effusion about it, though the rhyming left a good deal of latitude :—

Major A and Major B agreed to have a fight,
They planned for it from early dawn till far into the night,
And when the autumn sun was set, on Bredon's bloody summit,
A good time had been had by all ; both sides were sure they'd won it.
They'd battled on till opening time, when all were dry and jaded ;
The awful carnage mattered not, the dead'uns wouldn't stay dead ;
And even when adjudged defunct, they got no rest " down under,"
For people came and roused them up, " What was *your name and number* ? "
The stretcher bearers, keen to show rapidity of succour,
Clocked in one case to C.C.P., BEFORE *they'd shot the—poor young fellow,*
The M.O. read the card and cried, " This is a famous notion,
Saves everybody wear and tear, and might get me promotion."
A mounted screen rode out at dawn, all earlier deeds to cap.
Then foe came on them unaware, hobbled and playing crap.
And there they met heroic end, the B invaders shot 'em ;
The poor blokes couldn't lay down arms because they hadn't got 'em.

And so on. They were quite efficient enough to be unpertubed by the chaff.

It has been stated that for sheer snobbery the annual " servants ball " in London bears away the palm. It has certainly been my experience that this operates far more commonly from below upwards and from side to side, as the anatomists would say, than from above downwards, and it is not exactly unknown in this country.

Among other " souvenirs " left behind by the Yanks were a by-blow pair of very poor quality twins, and sometime after the family concerned had left the district, someone met Grandma and enquired after Jemima, owner of the pair, and of their progress. Said Grandma, " Oh she lost them both, and we weren't sorry, for we didn't want any foreigners in *our* family. And Jemima has been in such a nice place with a lovely lady, and is so sorry to have to leave. But of course she can't stay now she's found out the lady is a divorced woman. Her husband has run away to France with another woman, and our Jemima couldn't stay in a house like that." Evidently them Smiths have their family pride ; also, alas, votes! The so-called Welfare State seems to be leading us into a morass. During the war and since there have been instances of men playing cards or otherwise amusing themselves during a whole shift, and then working Sunday overtime at double rates. They seem unable to realise that the state is not a permanently lactating cow, itself working overtime.

Finding a " Unit of Personnel " in a Government office sitting beside a gas stove with several *unlit* radiants wafting their fragrance, it was ventured to enquire whether it was found to be a good plan, and not a little wasteful ? The reply (rather in the tone of " what has it to do with you ?) was " Well, the Government *pays* for it doesn't it ?." That particular pillar of society, or perhaps drain *on* society, fortunately " doesn't understand politics," so we are spared his vote. That much self-knowledge is something to be thankful for. A railwayman, pleading to go back to work when scarcely fit explained, " you see, sir, you can't really call it work ; me and my mates do what one boy used to do." Another man who laid a concrete floor assured me that no less than seventeen different people came to inspect his work ; it seems a bit top-heavy. A pity some of those inspectors could not investigate why standard rate for changing a fuse should be timed at one hour. Well, we shall have to learn the hard way, when the sellers' market finally evaporates.

Fortunately the behaviour of our men in Korea proves that we take a lot of demoralising, and a scene at the Coronation Procession gives a gleam of hope for our future. During the downpour the people in a covered stand passed all their umbrellas down to the folk on the pavement. They got them all back, with mutual cheers for the " people in the stand," and the " people on the sidewalk." Perhaps we still are a " decent and dauntless people." Some explanation is owing to our professional descendants as to how and why we ever let them in for this present mess, though it is slowly becoming more tolerable.

I have always distrusted politicians and especially those very philanthropic ones, since I read that Cobden said, " One of the advantages of Free Trade would be to force agricultural labourers off the land and into the factories, and thus reduce the rate of wages therein." Adequate comment seems scarcely to be within bounds of language, even " Billingsgate." Certain it is that medicine and politics are incompatible and can never make a happy solution ; the scum rises to the top,—well—you see what I mean ! It is perfectly untrue that the doctors did not want a Health Service. On the contrary they had been in gestation with one, though only at about half the speed of elephants, for many years. But there were then no votes in it, so no party was interested. The idea was to work by degrees, taking in first the dependents of Panel, *i.e.*, National Health Insurance patients, so that those for whom it would be most necessary and most beneficial should obtain it first. Later, in the light of working experience, it was to be extended to those who cared to join.

Instead of amending and improving this a full-scale ill-digested universal compulsory service was ordained, to fit political rather than medical theory. The men who were to work it were dubbed " a reactionary and obstructive profession " : they were " politically poisoned " and their objections a " squalid political conspiracy." Clearly near vermin. We naturally simply loathed it, and doctors who for generations had done more for the poor than all the politicians, failed to relish being abused by demagogues, It wasn't a very tactful way to start a scheme in which happy co-operation must be the very foundation.

Deadlock with a very united profession was in sight by January, 1947. The Presidents of the Royal Colleges of Medicine and Surgery intervened, having little enough contact with general practice, and no mandate from their members, with a conciliatory letter to the Minister. Twelve months of what is called negotiation on a dozen outstanding objections, among them loss of goodwill, direction as to where one could be permitted to practice, lack of any appeal to the Courts from decisions of the Minister, who could wield literally unlimited power by regulation, ended in practical deadlock on almost all points. It was estimated that 13,000 General Practitioners " against " would make the Act unworkable. The ball seemed to be at our feet. Then followed an inexplicable pause, the trumpet calls of the B.M.J. turned into discussions on improved methods of filing : The defence fund was much below target ; scattered General Practitioners and isolated Divisions began to wonder. On April 7th, the Minister refrained from abuse and referred to us in the House with civility. The B.M.A. were induced to circulate a statement to Doctors individually, over the head of their negotiators, which the press hailed with quite unjustifiable huzzas, and asked " What more do the Doctors want ? ".

A fresh Plebiscite was announced. A 14 point questionnaire was discussed with the Ministry by " Representatives of the B.M.A.," not apparently the negotiating committee. There was an unreported meeting of the B.M.A. Council. On April 18th Dr. Dain made a fighting speech. On April 19th a letter composed at an emergency meeting of members of Council and of the Representative Meeting was accepted by the *B.M.J.* for publication. It was however withheld. Dr. Dain issued a short letter indicating that the Minister's concessions presented us with a new situation which made a new Plebiscite necessary. The new voting showed 9,588 General Practitioners against service. It had been decided that 13,000 were necessary to ensure successful resistance. 2,000 General Practitioners *failed to record their votes*, amd 1,000 foreign and Commonwealth Practitioners had been added to the register. The defence fund was still disappointingly below target. We surrendered. The Presidents of the Royal Colleges became Peers.

There were no doubt faults on all sides. What happened next was what you would expect if you turn a very large family of children loose in a toyshop of the most expensive kind ; tell them to help themselves ; and underpay and overwork the assistants. I believe the estimates were exceeded trebly, and we who were to make the scheme work were persistently abused, and treated with all the generosity of a snake's hips. Doctors with families were very soon in debt. Coronaries increased and continued so to do. Compensation " on retirement " or death, accelerated by worry, was promised at a rate below what had been expected in the open market before the rumpus. The incentive to build up a bigger and better practice as capital increment was gone. Even we are not Saints. The Danckwerts award undoubtedly averted widespread insolvency. Its very magnitude showed a startled world how we had been sweated. At present under N.H.S. when so many come for so little, there is little time for coaxing information out of the unco-operative.

Doctor : " Good morning Mrs. Whoosit—what is your trouble ? "
Patient : " That is what I have come for you to find out."
Doctor : " (Oh Lord). Do you get any pain ? "
Patient : " Not to say pain ; it's bad enough without."
Doctor : " In what way do you suffer ? "
Patient : " Oh, I suffer somethink *chronic*." (This does not mean what you think, but ' excruciating,' or anyway ' worse than Mrs. Smith's ').
Doctor : " What are you complaining of ? " (And now we're off).
Patient : " Oh, I'm never one to complain—my 'usband said to me at breakfast, 'e 'as breakfast early, to catch the bus to Zminster, etc., cos 'e as a new job at the factory at Ybury, etc., only this morning 'e says to me—' Martha,' 'e says, ' with all you suffer it's a wonder you never complain 'e says,—' any one would think you enjoyed ill 'ealth.' Oh, no, I'm not one to complain, that I'm not."
Doctor : (Diagnosis now established) " And in what way do you suffer so much ? "
Patient : " Well, it starts in my inside inwardly, and then it flies to my back, and then, well—yer know ! "

This type of thing can go on indefinitely, with contributory diagnoses from Aunts in Westmorland and Tooting, but never a straight answer to a question. And of course, by this time, " yer *do* know," especially after the husband's crack at breakfast. And it may be that yer know as quickly by this method as if you'd made a proper examination and got a proper history ; but it frays the temper when the waiting room is crammed. If you succeed in reaching bedrock with this all too common type of patient, the explanation would go somewhat like this :

" Well Dr. when I came in you did nothing but ask a lot of questions and didn't seem to want to *cure* my trouble so much as just to find out what was the matter." (And *she* had a vote too). That overworked word " cure."

A really astonishingly large number of people don't seem to realise that it is a good plan to know all you can before starting treatment, and as for making a diagnosis, that is what the Doctor is paid for, and guided by what the Aunt in Westmorland, the neice in Yorkshire, and the cousins in Cheshire think it is—let him go to it. The Chemist in the south cured Great Aunt Milly (with Valerian), and never asked her a single question. In fact, " Birds fly over the rainbow, why in the world can't you ? ". Probably, in a few weeks that patient will, if she can help it, see no-one but Dr. Q. because he (Heaven help him), *understands* her, and she will be just as difficult with anyone else. It seems a poor testimonial to our education that so many folks can get to nearer no a plain answer to a plain question than " yer know."

Let us think of it as a compliment to the Doctor that they think he will, on such slender premises—well—yer know. The best way to avoid such a conversational tangle with a patient of that type, usually recognisable at sight, is to start with " How can I help you ? " This does lead them to think that you are both playing on the same side, and then they don't mind contributing a few facts, even if they are only fancies. The General Practitioner has unique opportunity to realise what very odd ideas people have about what goes on inside—not that we know all that much ourselves even now. The older Practitioners were held capable —the best of them—of removing, cleaning, turning and refitting the eye, almost as routine. Once when doing work for another doctor, I came across that common and curiously Græco-Roman inconvenience Proctalgia Fugax. Feeling at that time sure that I, perhaps alone, knew the explanation, I asked the patient what Dr. X had said about it, and was told, " Oh, the old Doctor says it is just worms gnawing of me back-bone and nothing to worry about." Returning home, the doctor was utterly at a loss to guess at what he could possibly have said to lead to such an apparently comforting conclusion, but the strangest co-incidence is that the same diagnosis was current at my prep. school in 1890. Sufferers would not be well advised to accept it as accurate, but many will recognise it as an excellently credible description.

It is interesting but difficult to find out how common that complaint really is. Being brief though severe, and infrequent though common, people forget to complain about it ; and enquiry opens the pitfall of suggestion, capable of engendering almost any symptoms, or when cleverly applied of being just as beneficial ; whence the " green bay tree " prevalence of prosperous quacks. We orthodox do not use it half enough. We use perhaps the correct treatment for the body, and hope it will work. We say, " just keep him in bed for a few days, and a little of what he fancies wont do him any harm." Whereas orders written in red ink of utter precision, the medicine to be taken at 6.27 p.m. with three sips of warmed milk, a parting word of confidence in early recovery, and a readiness—in the remaining moneyed classes—to answer such questions as " Should he have purple grapes or green ones ? ", without hesitation and with complete conviction (and a straight face, beards are useful, outside the operating theatre), do at least as much good as the pills, except in the more lethal troubles. Above all, if you must be vague, be very emphatic.

REVIEWS

Partial Dentures. By John Osborne, Ph.D., M.D.S., F.D.S. and George Alexander Lammie, Ph.D., B.Sc., H.D.D. Blackwell Scientific Publications. (374 pages). *Price* 42*s.*

In recent years the progress in the design and construction of partial dentures has outstripped that made in full dentures and whilst the principles involved still remain few in number their importance has become more and more apparent. In this book the writers aim " . . . to bring together the present viewpoints which to them have seemed most acceptable . . . " but they have achieved much more than this, they have rightly stressed the importance of the living tissues and the damage which may be done to them by badly designed partial dentures. There then follows an excellent description on the component parts of a denture and a detailed account of designs for specific types using Kennedy's classification which, in their opinion, is the most useful. Altogether this is a most satisfactory book which admirably fills a long felt want and it should certainly be read, not only by all dental students, but also with almost equal profit, by all dental practitioners. It is of a convenient size, well printed on good, glossy paper and copiously illustrated with clear line diagrams and photographs most of which have reproduced well.

H.B.F.

Clinical Medicine: Some Principles of Thinking, Learning and Teaching. By R. D. LAWRENCE, M.D., F.R.C.P. 1954. H. K. Lewis & Co. *Price* 7*s.* 6*d.*

This small book by Dr. R. D. Lawrence is extremely stimulating and well worth reading by all who are interested in the problem of teaching medical students. Dr. Lawrence stresses the need for ordered thought in an approach to a clinical problem and gives some valuable advice on bedside diagnosis.

The style is extremely pleasant to read and I can recommend it to both teachers and students.

K.S.M.

Common Diseases of the Ear, Nose and Throat. By PHILIP READING, M.S., F.R.C.S. Second Edition. J. & A. Churchill, Ltd. *Price* 22*s.* 6*d.*

The second edition of this very practical book is bound to be valued by all who have day-to-day charge of patients whether or not they have undergone operations on the ear, nose or throat.

There are simple anatomical drawings, clear advice on examination—particularly valuable in suspected middle ear disease—and valuable instructions for the treatment of common conditions such as epstaxis, which can so often take one by surprise. There is invaluable advice about the use of antibiotics—" clinical medicine does not consist in prescribing antibiotics in blind obedience to the bacteriologist's report." This book should be at every houseman's hand and in every practitioner's library.

E.E.D.T.

Modern Medicine for Nurses. By PATRIA ASHER, M.D., M.R.C.P. Wm. Heineman Ltd. *Price* 21*s.* 0*d.*

This book, originally published as " Introduction to Medicine " for Nurses, has now been published in a 3rd edition as " Modern Medicine for Nurses." It has had more material added including new sections on the " Social Aspect of Disease," " Mental Ill-health," " Infant Feeding," " Haemolytic Disease of the Newborn " and " Urine Testing." There are also pharmaceutical terms and tables of imperial and metric weights and measures included in the appendices.

This book maintains the high standard of the previous two editions, the arrangement and clear type is again a pleasure to read and there are many more excellent diagrams and illustrations added to the original ones. Special mention should be made of sections dealing with Diabetes and Tuberculosis.

New readers of the book cannot fail to be impressed by the presentation of the subject, so clearly explained and illustrated by specimen case histories of real patients, which should help the student to develop her interest in Medicine and observe her own patients more carefully.

The chapter on " Mental Ill-Health (Portia Holman) although of value tends to over simplify the subject. Some authorities may not agree entirely with the author about certain statements—" those of poor intelligence are prone most to ill-health " and " the excessive euphoria of the disseminated sclerosis patient." Moreover some comments about psychotic patients with reference to the nurse's influence, may mislead or possibly alarm the student nurse, altering her attitude toward this type of patient before she has come into contact with them. However, the link between mental and physical illness is clearly shown and the use of certain terms explained and clarified.

This book is a to be recommended to Sister Tutors and to all Student Nurses.

E.W.

Preliminary Electricity for the Physiotherapist. By BRENDA SAVAGE, M.Sc., M.C.S.P. First Edition. Faber & Faber. *Price* 20*s.*

This book is well written and well planned. It includes the apparatus and the underlying physical principle as well as the physiological effects of the various currents and radiations used in Physiotherapy.

It should be a valuable book because there is no other textbook which covers this ground in the right amount of detail for the junior physiotherapy student.

Unfortunately, there are so many scattered mistakes in the factual information and errors in diagrams that will lead to confusion on the part of the students, that this book is not as useful as we had hoped. M.J.W.

CORRESPONDENCE

Letters to the Editor of the Gazette

R.M.O., Nuffield House.

SIR,—We read Mr. Doherty's letter with dismay and regret on the decision to keep only one R.M.O. in Nuffield House.

I should like to express my appreciation of the work done by the R.M.O.'s. On many occasions during the two and a half years I have been a ward sister there they have unquestionably been the means of saving life by their prompt and expert action in emergencies. The Senior Medical Registrar, House Physicians and Surgeons, have already got a full time job and may not be available promptly.

I am giving my views, for what they are worth, from both a patient's and a Ward Sister's point of view for I am exceedingly grateful for the excellent attention, kindness and the feeling of security I had whilst I was a patient in Nuffield House.

If the patients could be consulted I feel sure they would rather pay a pound or two more for their rooms to cover the costs of Nuffield House than for medical aid to be unobtainable when it was needed in a hurry or, indeed, needed at all.

Yours etc.,

M. S. GRIFFITH.

The Eclipse

SIR,—At 12.16 p.m. on June 30th those of us at Guy's who observed the partial solar eclipse saw a nibble appear on the sun in the " two o'clock " position.

By 1 p.m. the sun had the familiar shape of a fairly new moon, and at 1.34 p.m. the eclipse as seen from London, reached its greatest phase. At 2 p.m. the sun was more than half free from the dark ball that passed over it, coming in at the top right hand side and passing off at the top left hand side. By 2.50 p.m. the eclipse was over.

Never during the whole of the partial eclipse did the moon obscure the solar disc in the position shown in your photograph on page 293 of the *Gazette*.

May I suggest that this " astronomical howler " was due to the editors being also partially eclipsed at the time when the *Gazette* went to print, failing to observe that the photograph has been printed upside down.

Yours etc.,

C. R. ARMSTRONG.

Physiotherapists

SIR,—I am delighted to learn that the Physiotherapists at Guy's are held in esteem by the editors and "everybody else around the Hospital" (July 24th). Would it strain the bonds of goodwill too much to request that a list be published in the *Gazette* of the successful candidates in our examinations ? Surely the Physiotherapy students who qualify after having been at Guy's three years are worthy of recognition ?

Yours etc.,

VALERIE HAMMOND WILLIAMS, M.C.S.P.

Princess Alice Hospital,
Eastbourne, Sussex.

Indeed they are : this matter is now in hand.—EDITOR.

Theory and Practice

SIR,—Some aspects of Mr. Lees Read's letter in the last issue of the *Gazette* were disturbing and more confirmatory than otherwise of the lack of foresight and planning for economy which the letter from " Guy's Best Friend " wished to suggest.

The feeling prevalent is of Guy's having more on her plate than she can chew and it seems an elementary rule of business not to take on more than can be maintained. It is pitiable to see wood on window frames rotting for lack of paint and such places as Bright ward balcony which is more representative of the slums of Sparrack's Row than one of the most respected and well known Hospitals in the world, while with astonishment we see a fruit and flower shop erected in the Park which can only be excused if the florist is building it himself. In our last letter the costs of running the Hospital were given as pre-war (not 1938 precisely) giving a rough estimate of the difference in expenditure and value of the pound from that time to the present.

The figures given for the present time were mentioned at an Annual Meeting of the Nurses' League by a charming and much beloved Governor of Guy's.

Mr. Lees Read's estimate for expenses involving the Nurses' Home Kitchen were, we think, not inclusive of the following :—

(1). Scrapping of cooking equipment in the Nurses' Home when cooking was centralised in main kitchen.

(2). Installation of extra equipment in main kitchen to cope with nurses' cooking.

(3). Installation of new equipment in Nurses' Home kitchen for the washing up and serving of food, etc.

(4). Scrapping the above when the new equipment for the cooking in the Nurses' Home was once again installed.

(5). Cost of installing new cookers, steamers, fryers and washing up machines, cafeteria equipment, crockery, etc.

(6). Labour costs of all five.

We are sorry this was not clear.

When we suggested that short muslin curtains would be cheaper than large chintz ones we not only considered the cost of the material but that of maintenance too. Did anyone remember that domestic workers are not allowed upon step ladders ? Who, then, cleans above head level ? The answer is, we suppose, the Works Department (much harassed place) but since we so seldom see them doing it we are naturally hazy on this point—but certainly it would need an increase in maintenance staff. Have we to wait twenty years for our curtains to be changed ? The last state of the Nurses' Home will be worse than the first—there were no curtains at all before.

We see from Mr. Doherty's letter that a Medical Registrar and House Officers are to take the place of one R.M.O. Nuffield House. Did anyone remember that the electric flash system is not fitted in Nuffield House, that there are eleven H.P.'s, twelve H.S.'s, eight medical registrars and six surgical registrars ? Unless the flash system is fitted in each room (which the patients would object to) the already harassed nursing staff will have to look into 70 different rooms in order to say whether they are or are not in Nuffield House. We think the nurses will have little time to nurse their patients. The calls on the internal and external telephones throughout the Hospital have already reached fantastic numbers and are a great distraction to nursing duties. To nurse or answer the telephone ? At the moment the telephone is winning.

Mr. Lees Read suggests that the writer of the letter was not observant, that she had not noticed two Georgian Houses (private enterprise) in St. Thomas Street had been painted cream. On the contrary, Mr. Lees Read, they were noticed and also the dirt adhering to them which might have suggested to the architect, had he been so observant, that cream paint is not suitable in S.E. London. In any case why follow in the wake of out-dated tradition ? Let us set an example of common sense. That conformity of colour in streets is sometimes required by local authorities we are very well aware but has it escaped Mr. Lees Read's notice that there are at least seven different colours on buildings between the level of Guy's and the Borough High Street ? Please note that we said at least, not just seven, in case we are rapped over our knuckles for our " facts ".

We notice the painters are already making some progress in the Nurses' Home. The nurses are very grateful but, please, can the painters be left to finish their job and not be whisked away long before their work is completed ?

The shortage of nurses' bedrooms is, as Mr. Lees Read points out, a very real problem but it has eased a little since the three houses in Earls Court came into action. Nuffield House was built with no corresponding increase in nurses' accommodation for Nuffield Staff until, later, Lord Nuffield most generously built the Nuffield Nurses' Home. In the meantime nurses were housed at Lancaster Gate and went to and fro by Underground. York Clinic was built with yet more demand upon the Nurses' Home.

The Evelina Hospital presumably housed their own nurses before Guy's took it over but since then Guy's nurses have formed a great part of their staff and some have slept in Guy's Nurses' Home. We cannot help feeling sorry that rooms cannot be found in or near the Evelina—this would free some twenty rooms in Guy's and also save the nurses an unpleasant walk.

For some time we have been sending night nurses to sleep at a Hospital in New Cross—they come and go in a private London Transport bus. We understand this method of transport is costly and the nurses' slumbers (often hard to win in daylight) are disturbed by dirt track racing and loud speakers blaring from a stadium near by. Three houses have been bought at Earls Court for nurses.

We are only simple souls but all this adds up to a hand-to-mouth way of living and no great vision. A great deal of money has gone which could well have helped towards building a Nurses' Home near Guy's, some flats for Guy's staff and a garage for a Guy's bus to fetch the nurses from Holmsdale and take them to Earls Court.

The Superintendent in the last issue of the *Gazette* writes of something other hospitals do—it is excellent to see what other Hospitals do—good and bad things. St. Thomas, we hear, have got permission and the pennies to rebuild. They have got " St. Thomas's Hospital " written on their bus—not " London Transport ".

Is there any other hospital in London—or in England for that matter, which still has seven sisters sleeping in bedrooms off their wards, living in the region of their work 24 hours a day and having to walk through their wards in their night attire and up the public surgical block stairs to their baths ? Whether they like it or not does not enter into the principle—is it right, Guy's Hospital, that in 1954 they should still be doing this ?

We understand that the estate of the late Mr. Rank was bought by Guy's some time ago : we should all be interested to hear what the future holds for this property ?

Lastly, *William Gull*. A painter's estimate for washable paint for *William Gull* was under £50—the expensive part is the labour. In our previous letter we estimated that the cost of repainting *William Gull* inclusive of everything would be £300 (it could very well be more). Mr. Lees Read tells us that in order to save £50 two years ago he is spending £300 now and putting out of use 8 valuable beds. Think of all the other places so badly needing the painters time, too ! Goodness me—we would have lent him £50 out of our cherished savings.

Yours etc.,
GUY'S BEST FRIEND.

A Generous Offer

SIR,—I have a 1938 Dinner Jacket, etc., which I no longer need and I would give to a Guy's student if he cares to collect it. For someone 5 ft. 11 ins. to 6 ft., of average proportions.

It is really in quite good condition and would be quite useful to someone who cannot afford a new one. If they care to have a new rolled collar put in, it would fit in with the new " old fashioned " look !

Perhaps you could advertise it—or pass on the news. I do not want any cash !

Yours etc.
D. NICHOLSON.

95a, Jermyn Street,
St. James's, S.W.1.

The Eleven Thousand again.

SIR,—In reply to the enquiry of Dr. R. E. Smith, I have not as yet been able to prove connection of St. Ursula with Hereford. According to some legends they must have been over two hundred years old when massacred, which would lend credibility to their suffering even at the hands of the Huns, nothing " worse than death ".

Even Attila would have found eleven thousand centenarian Vivandieres a logistic problem.

Among the bones rumour located men, boys, and (forensic osteology being evidently an exact science in those days) widows !

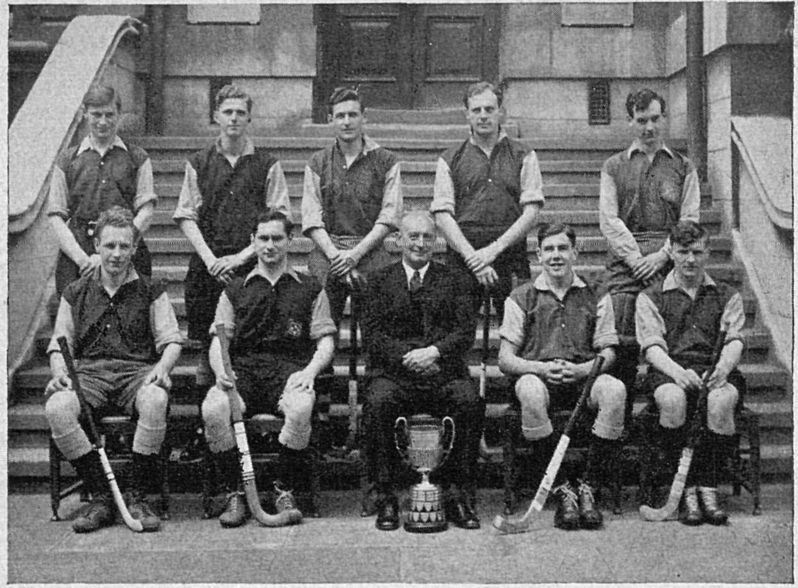
Is it not possible that the vital clue to all this lies with the bosom pal of our Sainted Heroine, bearing the charming but highly significant christian name of UNDECIMILLA ?

Yours etc.,
G. W. DRYLAND.

Kington,
Herefordshire.

GUY'S HOSPITAL HOCKEY CLUB 1st XI. Season 1953-54.

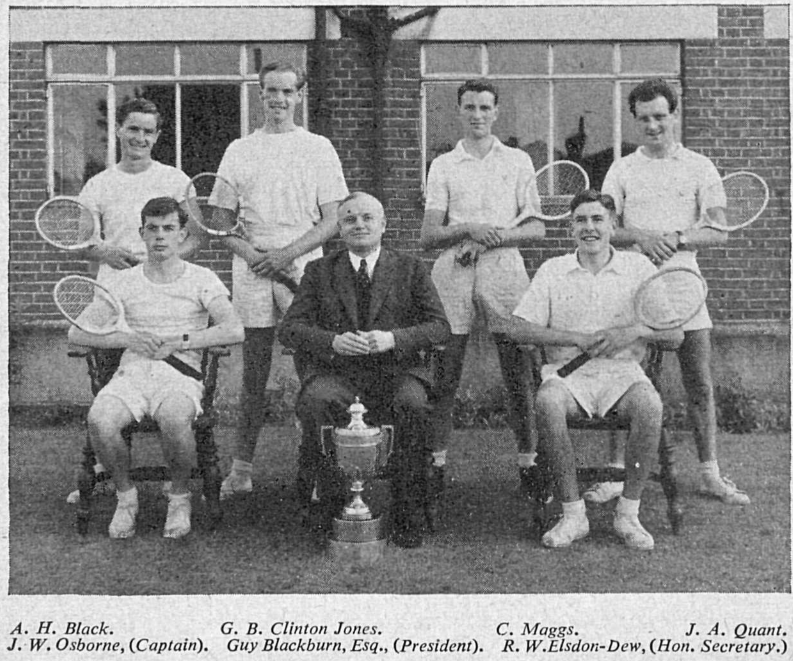
Winners of the Inter-Hospitals Hockey Cup.



J. J. Hall. N. R. Cooke. M. F. H. Willis. M. B. R. Mackenzie. W. A. B. Cahill.
H. M. Tuddenham. J. I. Millar, (Captain). A. D. Marston, Esq., (President). R. W. Elsdon-Dew. D. R. Laney.

GUY'S HOSPITAL LAWN TENNIS CLUB, 1954.

Winners of the Inter-Hospital Lawn Tennis Cup. Runners up University of London Cup.



A. H. Black. G. B. Clinton Jones. C. Maggs. J. A. Quant.
J. W. Osborne, (Captain). Guy Blackburn, Esq., (President). R. W. Elsdon-Dew, (Hon. Secretary.)

HOSPITAL INFORMATION

ROYAL SOCIETY OF MEDICINE

At the annual meeting of the Royal Society of Medicine Sir Heneage Ogilvie and Dr. E. C. Warner were elected honorary editors.

APPOINTMENT OF EXAMINERS

ROYAL COLLEGE OF PHYSICIANS

Dr. F. A. Knott—*Pathology.*

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered Dental Practitioners for the appointment of **half-time Assistant to the Professor of Dental Prosthetics** to commence duties on 1st October, 1954. Salary scale will be £550 x £50 to £750 per annum plus superannuation and family allowance.

Forms of application are obtainable from the Dean, Guy's Hospital Dental School, London, S.E.1, to whom applications should be sent not later than **Friday, 20th August, 1954.**

GUY'S HOSPITAL MEDICAL SCHOOL

Leonard Lubbock Prize for Clinical Pathology

July, 1954

The following awards have been made :—

M. Kinsbourne—Prize.

J. A. Morgan—Certificate.

NURSING NEWS

The following Nurses have passed the Final State Examination held in June, 1954 :—

S. J. Bristow
E. Ekmekjien
M. Maret
J. Lewis
G. Allwright
A. Blinkhorn
J. Builey
A. Caunce
B. Cheyne
J. Coghill
P. Donaldson
M. Fergusson
M. C. Fisher
J. Foggo
V. Geeson
S. Gill
P. M. Grant
P. M. Grundy
J. Hollyer
J. Hopkins
N. Jenkins
G. Kear
E. Mayer
G. McLean

M. McEwan
J. Middlemore
D. Mitchell
J. Muddle
W. Nash
J. Poulter
M. Radcliffe
M. Rainsford
B. Simmonds
D. J. Smith
B. Stevens
A. Tanser
U. Till
B. Verity
P. Walgate
M. Latchford
G. Ethelston
A. Godson
A. Graham
V. Hewison
B. McMurray
J. Strike
M. New
M. J. Robinson

The following Nurses have passed the Preliminary State Examination held in June, 1954 :—

M. Ashworth
H. Bayfield
P. Broadbent
E. Carlton
R. Cautley
M. Coulson
L. Culley
M. A. Curtis
D. Daly

V. Rhodes
M. Rutherford
A. Theaker
D. Vellenoweth
O. M. Walker
M. A. Walsh
P. Walters
B. Watson
N. Whalley

M. Diamond
B. Durban
M. Flynn
J. Goodall
P. F. Hunt
P. Johnson
E. Kearsey
M. Kipling
J. Little
J. Masterson
K. Mullins
A. Nicholson
J. Paterson
M. Prince
P. Raincock

M. Whitehead
S. J. Wright
E. Wood
H. Young
M. Allen
J. Collier
M. Deekes
M. Lisley
M. Pierce
J. Milbourn
S. Brown
S. Chambers
S. Ireland
J. Mogridge

PRELIMINARY TRAINING SCHOOL

The following Nurses entered on 14th July, 1954 :—

A. M Aitken
B. M. Banks
I. Bedford
A. M Bishop
M. Brooks
A. C. Carey
M. C. Chalmers
E. Clarkson
J. Clemmey
M. Corstorphine
J. A. Cuming
M. Fewster
C. M. Fisher
M. D. Fielding
D. A. Fulford
M. E. George
E. Gosby
D. Humphrey
F. L. Hayward
A. Hornsby
I. J. Jones
J. Jones
P. A. Lewis

D C. Lown
G. S. Hunter
S. A. Mace
A Machler
R. E. Milne
L. M. McCarthy
J. E. Moulton
D. K. Newton
S. Priestley
A. M. Phillips
M. G. Penrice
L. V. Rea
R. S. Routledge
J. R. Stuart
J. Smith
P. H. Swaine
S. E. Taylor
A. Tancred
R. W. Trimmer
G. M. Tomlinson
S. Wilson
M. A. Wilkinson
J. M. Woolnough

PASS LIST

CONJOINT BOARD

L.R.C.P., M.R.C.S.

July, 1954

Pathology

Margaret A. Barrie
P. S. Boulter
Elizabeth O. Bradley
J. D. Ellis

R. J. S. Milton
*Barbara K. Oliver
Jane Platnauer
D. J. Sills

Medicine

*Patricia M. Boyd
B. B. Collins
H. T. Davies
J. D. Ellis
Sheelagh F. Evans
L. W. S. Eyears
I. U. Fraser
J. G. J. Howell

H. R. B. McCauley
R. J. R. Moffat
Joan M. Montague
P. J. J. O'Neill
F. A. Orhewere
G. S. Rawson
D. J. Roberts
K. Wilderspin

Surgery

*J. D. Chard
*D. K. Fairweather
A. Halamandres
*G. Gover
*J. H. C. Hunt
S. M. Madeloff
*Barbara K. Oliver

*J. B. Pond
E. G. Reynard
*A. Robinson
*B. H. B. Robinson
*D. N. Whitmore
*J. T. N. Williams

Midwifery

G. C. W. Baker
Joan W. Baker
Margaret A. Barrie
J. R. F. Boger
P. S. Boulter
*Patricia M. Boyd
Elizabeth O. Bradley
J. D. Broome
D. V. Burke
Elizabeth A. Burns
Gillian M. Cann
J. G. Davies
Sheelagh F. Evans
*D. K. Fairweather
L. W. Kay
I. S. MacDougall
S. M. Madeloff
J. S. B. Meyer
J. D. Miller
R. J. S. Milton
F. A. Orhewere
J. G. Parkes
Jane Platnauer
G. S. Rawson
*A. Robinson
D. J. Sills
Ailsa M. Thurgar
M. S. Tyrell
M. D. A. Vickers
*D. N. Whitmore
*J. T. N. Williams

*Have completed the examination.

PAPERS BY GUY'S MEN

Allsopp, C. B. Radiation Chemistry. *31st Ann. Rep. Brit. Emp. Cancer Campaign.* 1953, p. 334.

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PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates :

1 line 6s., 4 lines 20s. Box Numbers 9d. extra.

Replies to Box Numbers should be addressed to " Gazette " Office, Guy's Hospital, London, S.E.1

Wanted

THIRD PARTNER required in first class steadily expanding Dental practice established 75 years (two partners 54 years) in Leamington Spa. A share will be offered to a young dental surgeon of character and ability. Please reply with details of professional qualifications, education, age, etc., to C. G. Wright, 19 Waterloo Place, Leamington Spa.

TWICKENHAM. Guy's man requires Assistant Dental Surgeon early September. Modern Surgeries, full assistance, generous terms. 'Phone Popesgrove 1542 or write Box No. 58.

QUALIFIED ASSISTANT wanted for Dental Practice. Essex Coast Town. Box No. 60.

For Sale

BECK MICROSCOPE fitted with Abbe Condenser and triple nosepiece. Oil immersion lens. As new £25. Box No. 59.

CHANGES OF ADDRESS

P. Griffiths, L.D.S.R.C.S., 85 Selborne Road, Southgate, London, N.14.

D. C. L. Grigsby, L.D.S.R.C.S., Little Marlowes, Hemel Hempstead, Herts. (Tel. Boxmoor 335).

W. A. Matheson, M.B., B.S., P. A. Clinic, 49 13 St. West, Prince Albert, Saskatchewan, Canada.

J. G. Stebbing, 6 Lynton Road, London, S.E.1.

D. J. Tibbs, F.R.C.S., River House, Wylan, Northumberland.

BIRTHS

FINKEL.—On 20th July, 1954, at the Royal Northern Hospital to Jeanette, wife of Wallace Finkel, L.D.S.R.C.S., a daughter (Angela Jill), a sister for Irving.

RUGGLES.—On 26th June, 1954, at Johore General Hospital, Malaya, to Margaret (née Casson, S.R.N., S.C.M.), wife of Peter W. Ruggles, M.B., B.S., a daughter (Rosemary Jane).

WALTON.—On 14th July, 1954, at the Memorial Hospital, Modesto, California, to Mary (née Lee), wife of R. G. Walton, M.B., B.S., a daughter (Elizabeth Marguerite).

MARRIAGE

GRIFFITHS—HIGGINSON—On 8th May 1954, at St. Stephen's Church, Canterbury, Kent, Peter Griffiths, L.D.S.R.C.S., to Cynthia L. Higginson, M.C.S.P.

DEATH

MULLEN.—Early July, Kenneth Mullen, M.R.C.S., L.R.C.P., of 28 Fawcett Road, Southsea, Hants.

Eds. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVIII No. 1724 21st August 1954 One Shilling

PASSIM

The Rockies, S.E.1

OUT there on the dump, the Indians' camp is almost surrounded! It's tough on the gang. We know how to tighten our belts on the great prairies: we can take it among the canyons of the Rockies, S.E.1. But it's hard on a fellow when you're led by the hand into the bright light of the accident theatre and you have your shoes taken off and you're lifted on to a table and told to stretch out your arm to show where, out there on the dump, you knotted the bandage with your teeth in the heat of battle. It's hard on a fellow when there are needles and syringes and the whirring of fans, and a pretty nurse turns your head away to the side, and the tears will come, and you're only five. We know how to tighten our belts in the Rockies, S.E.1—if only it didn't prick when they give you the first injection and if only they'd keep those stitches for the Redskins away in their wigwams on the prairies of Great Maze Pond.

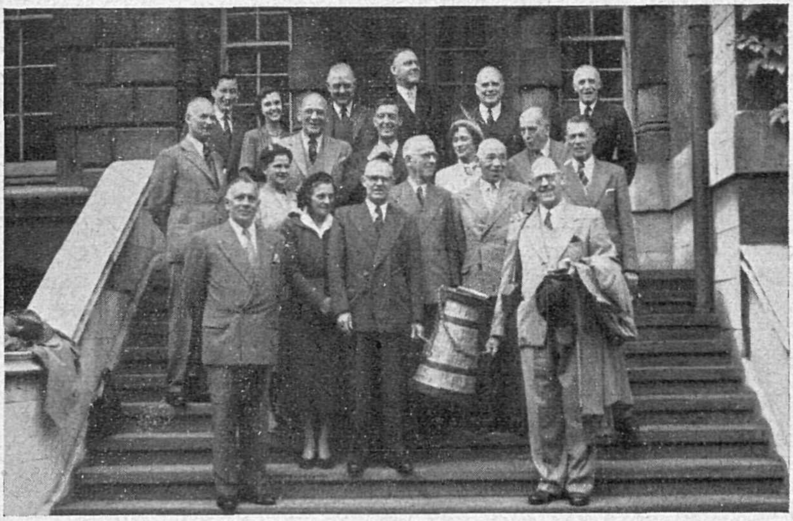
But mummy's outside: there she is, sitting on that green chair pretending to read the woman's page of last year's magazines—with the pictures upside down. She's clever is mum. She's come all the way with us here, and we'll show her " Seven stitches mum, look, in me arm—cor !" if only they wouldn't cover it all up with bandages and things. But your shoulders are broad and you walk with a rolling, swinging step as you leave the bright lights behind you—on your way home in your white sand shoes. Rolling home, with mum. Back to the stockade: back to the thin blue smoke of the camp fires: back to the gang in the wide open spaces, where men are five, and the western sun strikes on steely eyes scanning the far horizon on the way home to bed—in the Rockies, S.E.1.

In our issue of July 10 we gave some account of the visit of a number of old Guy's men who are now in dental practice in South Africa, and we asked for a photograph—if possible including the famous milk churn which was produced on that occasion. The other day a most entertaining photograph was sent to us by the Superintendent to whom it had been posted by Mr. C. L. Steyn. It is to be found overleaf, and was taken last June when the Dental School, together with other Guy's men, entertained the South African party who were on their way home after attending an international meeting of dental surgeons in Holland. Mr. Steyn, to whom we are greatly indebted for this picture, was, of course, a well known track runner and rugger player during his time at Guy's.

We extend our hearty congratulations to the Cricket Club on winning the Inter-Hospitals' Cup. A full account of this thrilling match is printed on page 336.

Outside the main entrance to Hunt's House there is now being built a semi-circular extension to the steps which will incorporate an inclined ramp from the roadway. Invalid chairs and trolleys will soon easily be brought in from the Park. The X-ray Department will, incidentally, gain greatly. Up to the present time patients who sit in wheeled chairs on the park must either be carried, or walk up the steps—the alternative being a difficult peregrination through the outpatients' entrance near Nuffield House and a surreptitious journey through the already overcrowded corridor of the X-ray Department to reach the wards again.

VISIT OF GUY'S MEN FROM SOUTH AFRICA



Back Row: Mr. R. D. Emslie; Miss I. Jordan; Mr. W. F. Cook; Mr. F. S. Warner; Dr. E. J. Crisp; Mr. J. H. E. Winston.

Third Row: Mr. K. Hooper; Mr. N. L. Eckhoff; Mr. L. H. S. Goodliffe; Mrs. Steyn; Mr. W. D. Doherty; Mr. C. L. Steyn.

Second Row: Mrs. Raubenheimer; Mr. J. J du Toit; Professor T. B. Johnston.

Front Row: Mr. H. J. Raubenheimer; Mrs. Theron; Mr. L. Theron; The Milk Churn; Mr. J. Badenhorst.

OBITUARY

Dr. GEORGE FRANCIS HARDY, *M.C.*, M.R.C.S., L.R.C.P.

Dr. Hardy died on the 23rd June. He qualified at Guy's in 1906 and spent most of his professional life in the treatment of tuberculosis. He was Tuberculosis Officer under the Ministry of Health until 1932 when he retired, but in 1939 he took a further post under the Ministry in connection with Civil Defence and in 1940 became Tuberculosis Officer to the Metropolitan Hospital, Hackney where he remained until 1946. In the first war he served as a Medical Officer to the 23rd Royal Garrison Artillery and was decorated for his gallant services. We express our greatest sympathy to his family.

Thirty Years Ago

From Guy's Hospital Gazette, 30*th August*, 1924.

WATER POLO . . . Having received a cordial invitation to take part in the Sandown Regatta, the Team journeyed to the Isle of Wight . . . By the time we arrived the reputation of the Hospital Team was so well established, that sleepless nights were spent visualising our failure to survive the first round. On Wednesday morning, we met a team of Sandown visitors, who included many would-be internationals. There was a strong cross-current and the temperature of the water was none too high, the pitch being alongside the Pier. We beat our opponents in speed, although they had the advantage of having previously played in the sea, in which our Team realised the futility of many manœuvres that would have taken effect had we been playing in Baths. The score was finally 3-0 in our favour (Simons 1, Theis 2). This somewhat revived our cyanosed men, who repaired for lunch . . . We met the Engineers in the Final, and owing to our superior combination we pulled off the game 3-1 . . . A short speech by the Chairman on the sportsmanship of the Hospital in bringing down their talented team, brought blushes of modesty to many. A confetti fight lasted until midnight, and some returned weary with exertion. A moonlight swim, with seductive music floating over the placid waves completed a splendid day.

THE SMELL AT THE GATE

By T. W. HOSKINS, J. K. LLOYD JONES, N. D. KILPATRICK and R. W. M. SMITH.

Introduction

READERS may remember that in the first *Gazette* of this year, the Editors put forward some seasonal targets at which, they gloomily suggested, "some of us might aim (and probably miss) during 1954." One of these, described as "almost a trivial problem", was " the smell of decay that stands sentry at the right-hand main gatepost in St. Thomas' Street. Summer and winter it has been with us . . . . , a waft from the pit and a bad advertisement for the borough council who provides the drains, and for Guy's who presumably fills them ". At the instigation of Dr. Cramond, the authors, then in the Preclinical Class, agreed to risk the Quixotic analogy which had already been applied to one of the *Gazette's* other resolutions and to have a tilt at the problem as an exercise in public health. Our particular windmill must have been familiar to everyone as a sharply localized phenomenon which had been present for a number of years—exactly how many nobody has been able to tell us.

History

From the historical point of view there were two lines of approach which might throw some light on the problem. The first was the drainage of the area, the second the location and history of former burial grounds.

Drainage

From earliest times there were many streams and waterways in Southwark, draining what was originally a swampy area. Until comparatively recently these were the only means of drainage and disposal of sewage. Like the Borough itself, some of them had an early history far more dignified than their present state would suggest. Those around Guy's formed part of the extensive gardens of the Abbot of Battle's town house, which was on ground now occupied by Hay's Wharf. One of the streams was large enough to have swans on it and was crossed at Battle Bridge by what is now Tooley Street. The gardens also had their fish-ponds, a watermill and a maze, hence the colourful names of some of our dingiest local streets. The streams ran mainly from south to north, and this particular group ran into the Thames at Battle Bridge sluice. The ground on which Guy's came to be built was just to the west of the Abbot's gardens, and its streams joined the river at Bridge Yard, the sluice next to Battle Bridge ; this is still the sluice to which our sewers drain.

It is broadly true to say that today's sewers take the course of these centuries-old streams, although a study of maps of the last 400 years shows that there have been considerable local variations. We shall see how this network of natural streams came to be converted into our modern sewer system for this particular area. The process can be studied in a valuable set of documents in the L.C.C. Record Office, where one of us was given access to them and a considerable amount of help. They are the Court Minutes of Sewers for Surrey and Kent from 1557 to 1847, giving an account of the proceedings of a Commission which met regularly—sometimes as often as once a fortnight—to ensure that the sewers were kept in reasonable order, and to empanel jurors to impose penalties. It is surprising to learn that our sewers have been so jealously watched over for four centuries. For example, an entry typical of many in the time when Shakespeare was living in Southwark tells us that :

> *The sayde Jury saye that John Dover Starchmaker of the parishe of Saincte Savyers in Southwark doth keepe hoggs neere the sewar to the annoyance of the sewar, albeit he hath byn eftsoones Ordered to take them away. It is Ordered that the sayde Dover shalbe therefore fyned for his contempte in -xls.* [40 shillings.]

Two hundred years later the problems seem to be much the same, for it is resolved in 1791,

> *That the Surveyor for Southwark District do cause the filth and carcasses of Dogs in the Common Sewer in Mill Lane to be forthwith removed.*

The first stage in the progress from open to closed sewers was the arching over of lengths of open sewer by residents with permission from the Commission. The minutes are full of such entries as the following :

> *Mr. I'Anson* [the Surveyor to the Commission] *made Report on an Application from the President Treasurer and Governors of Guy's Hospital to Arch over the Sewer at the extremity of the Ground at the back of the Hospital and it appearing that no inconvenience will arise therefrom It is Ordered that the same be Arched over by this Commission on payment by the Treasurer of the Hospital to the Expenditor General of the sum of* £35.10.-*being the estimated expenses thereof.* [23rd June 1818.]

One of these open sewers was Ditch Side, which ran from St. Thomas-a-Watering in the Old Kent Road, behind the yards of the Tabard, George, White Hart and King's Head, and crossed St. Thomas Street just to the west of Guy's (see p. 327). This became an underground sewer earlier than most, probably at the time when Guy's was built, and having crossed St. Thomas Street joined other sewers to discharge at Bridge Yard sluice. In 1820, however, the need to provide a sewer for St. Thomas Street, hitherto without one, seems to have become urgent, for we read :

> *Mr. I'Anson Reported that application had been made to him by Mr. Samuel Robinson on behalf of the Governors of Saint Thomas's Hospital for the making of a New Sewer for the space of* 340 *feet in length down the centre of Saint Thomas's Street to join the Old Sewer crossing the said Street and it appearing to him the same would be of great advantage to the adjoining neighbourhood and it being necessary the Works should be immediately proceeded in, he had under the direction of the Expenditor General Surveyed the Premises and estimated the Cost of the intended New Sewer which Amounted to the sum of* £311.10.-*and that the said sum being immediately paid into the hands of the Expenditor General with an urgent request the Work might be executed without delay he had with the Approbation of the Expenditor General given directions accordingly and that the said Sewer was now nearly compleated the internal dimensions being four feet three inches in height by Two feet nine Inches in width the Top and Bottom Circular and brickwork Nine Inches thick all round laid in Dorking Lime Mortar and*

> *proper Casting holes provided for Cleansing And the said Report being read and taken into consideration It is Resolved and Ordered that the same be approved and confirmed.* [7th Jan. 1820.]

We can only guess at the cause for such haste, which is beautifully conveyed by the minute-writer's prose and masterly punctuation !

With several modifications—the first in 1834, when St. Thomas's and Guy's agreed to pay a third of the cost each—this is the present layout of the sewers of St. Thomas Street and Guy's Hospital. The St. Thomas Street sewer runs beneath the crown of the road, and the Ditch Side sewer joins it about 30 yards west of the region of the smell. This junction might well be a danger point, but it is rather too far away to be likely to cause such a very localized smell.

Burial Grounds

The second line of investigation may seem more far-fetched than the foregoing one, but apart from its inherent fascination it was of some practical relevance. Southwark is studded with old plague-pits and burial grounds, and several sites are within Guy's itself. The one of interest to us is the burial ground of St. Thomas's Church. This church stood on the north side of the street, and the latest building (1702) is now Southwark Cathedral Chapter House ; it was promoted from hospital chapel to parish church in the reign of Edward VI, when the new parish of St. Thomas's was created. The churchyard was on the south side of the street, approached by a narrow lane between two houses. During the last century it was rented by Guy's for the Treasurer's stables and an asphalt tennis court for the students : both remain today, behind the Chapel. The churchyard was probably used for burials from the sixteenth century, but what is of more interest to us is the date of the last interment there. Here again the L.C.C. records provide the probable answer, for among them is a slim index book, inscribed on the first page " Register of the situation of the Graves in the Parochial Burial Ground of St. Thomas, Southwark, Commencing 1830, Ordered by Public Vestry to be kept by the Parish Clerk." There is a plan of the ground, divided up by a grid with figures and letters along the sides to provide a system of map-references, but on the fly-leaf there is a memorandum that

> *The Grave diggers say, that they are not able to open the graves in regular lines, the previous interments, which are numerous, having been made without the slightest order.*

The register consists merely of the names of those interred, entered at the time under each initial, with a reference to the position of the grave, such as " H 19 ft. from S wall", and the date. The most recent entries are dated 1852, and it seems reasonable to assume (for the book is by no means full) that this was the date when the burial ground was last used. At any rate, we can be sure that there were burials there very little more than a century ago.

The question remains how long a body must remain in the earth before it can be absolved of polluting the atmosphere. It has been difficult to obtain any accurate information on this point. According to one authority (a thorough-bred Southwark man if ever there was one, for all his Scandinavian disguise)

> *I'faith, if he be not rotten before he die (as we have many pocky Coarses now adaies, that will scarce hold the laying in) he will last you some eight yeare, or nine yeare. A Tanner will last you nine yeare . . . .*

We need not pursue the conversation, but set against it the opinion of a Mrs. Basil Holmes, who at the close of the Victorian era conducted some unique research into the unladylike subject of *The London Burial Grounds.* With an inextricable stirring-in of ethics, she argues the niceties of the difference between plague-pits and churchyards in this matter :

> *The fact that bodies in the pest-fields and plague-pits were usually buried without coffins, and were only wrapped in rugs, sheets, &c., has accelerated their decay, and it can no longer be thought dangerous when such pits are opened. Not that I wish in any way to defend the disturbance of human remains, for I hold that no ground in which interments have taken place should be used for any other purpose than an open space, and apart from the legal and sentimental aspects of the question, human remains, in whatever state of decay they may be, are not fit foundations for buildings, nor is it seemly or proper to gather them up and burn them in a hole, or to cram them promiscuously into chests or " black boxes ", to be padlocked and deposited in other grounds or convenient vaults. But the old plague-pits, the very crowded churchyards, and the private grounds where the soil was saturated*

> *with quicklime, the coffins smashed at once, and decay in every way hurried, are likely now to be less insalubrious than those grounds where lead and oaken coffins—specially intended to last for generations—are still in good preservation, and only occasionally give way and let out the putrefactive emanations.*

After reading Mrs. Holmes one is more ready to accept the possibility that some mute inglorious Milton beneath the tennis court might be sending forth the " putrefactive emanation " which describes our smell so graphically. However, the distance of the burial ground from the area of the smell lends weight to our incredulity, and although this unpleasant explanation must be borne in mind, it is reasonable to expect that some more plausible one may be found.

Drains and the Smell

Meanwhile, more practical methods of approach were being explored. At first these were no more helpful than the historical, and were at times far less pleasant, as the investigator who knelt down and sniffed at each drain-cover in the vicinity will aver. Fortunately for this bold investigator, but not for our search, it was found that the smell did not issue straight from any drain-opening. Indeed, one of the most difficult parts of our task was to find just where the smell was located.

Those who were unfortunate enough to have smelt the " waft from the pit "—and that must include everyone who passed the west gatepost on foot—may not realize how difficult it was to pinpoint the source of so nauseous a smell. For it was a quality of The Smell that ghostlike, it appeared only when not sought : turn round, nostrils quivering as it assailed one, and it was gone. It was, however, a remarkably localized smell, on a still day noticeable only within feet of a spot near the west gatepost. At no place was it stronger than elsewhere—it either was, or was not.

Having excluded the inside of the passage-way between Matron's House and the forecourt we decided that the source was at a point on the pavement outside the passage, marked on Map 1 by the symbol (X).

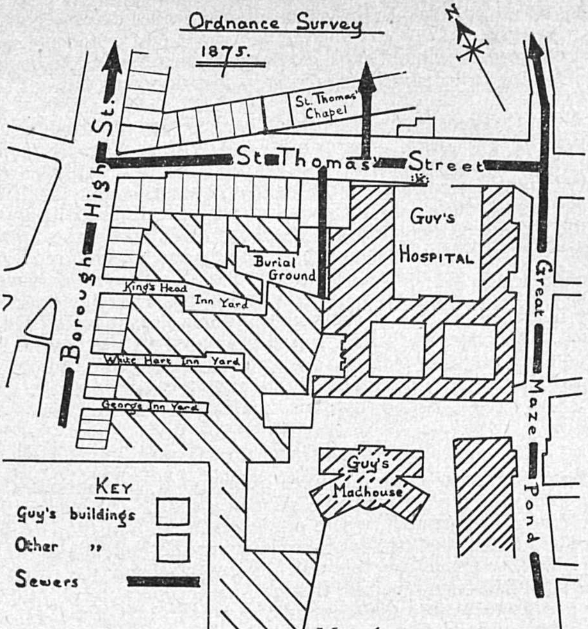
We next visited Southwark Borough Sanitary Inspector's office. Unfortunately we met with an immediate setback, for helpful though we found everybody in the offices, all the maps of the local drains have been made as each drain was laid or altered. As a result there are no less than 35 charts covering the drains in Guy's alone—all of different dates and scales, and stored in different canisters. A composite plan is shortly to be prepared, but has not yet been commenced. The map which showed the layout in the questionable area was found at last—dated 1908. Map 2 indicates approximately the relevant findings from this.

There is a drain running across the forecourt from the W.C. next to the Surgical X-Ray Department to the east gatepost, and gullies carry surface water from the passageway and forecourt into drains from Matron's House. It will be seen that none of these runs beneath the site of the smell.

The L.C.C. By-Laws which govern the laying of drains are stricter than the " Model By-Laws " (Frazer, 1953). These ensure that drains are strong, and are laid in straight lines between points of access such as manholes or inspection chambers, and that they are evenly supported throughout their length at a gradient sufficient to prevent stasis of the contents. They require the provision of a system of ventilation of the drains to prevent the accumulation of foul gases and to preserve the balance of air pressure outside and at all points inside the drain. Provision is also made that all sanitary fittings inside buildings shall be efficiently " trapped " by a water seal to prevent foul gases passing back through them.

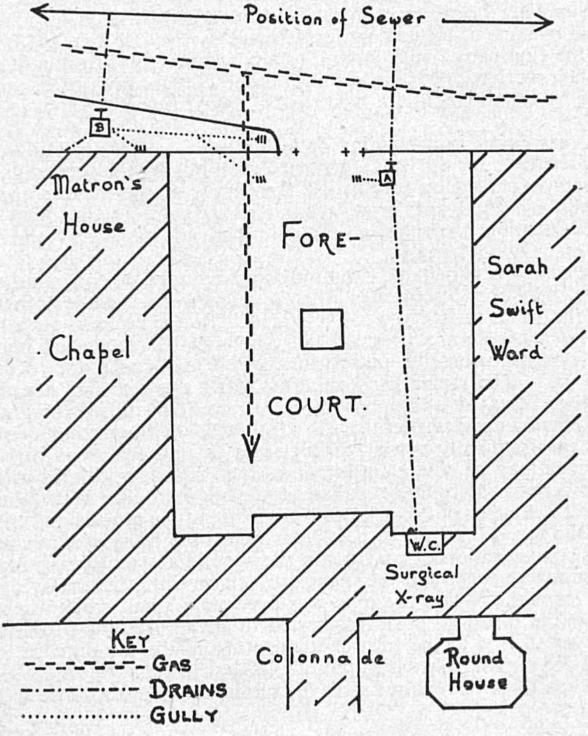
For example, in the drain to the east gatepost there are traps of the well known S-bend type at the source. Thence waste matter flows to the sewer via the inspection chamber (A). At this point the drain becomes an open channel passing through the chamber and it is possible to observe if there is any obstruction. An intercepting trap is fitted to the outflow of this chamber to seal the drain from the sewer and to prevent the entry of sewer gases and rats into the drainage system. Also leading into this chamber is a fresh-air inlet, fitted with a hinged mica flap, which acts as a one-way valve. Air entering through this pipe flows back along the drain and just before the trap at the source is led away to the top of the building by an exit ventilator pipe, fitted at the top with a copper wire cage.

A similar system exists on the drain from Matron's House through the inspection chamber (B). Surface water from the gullies in the passageway also flows into this chamber, each gully having a water trap at its source. It seems that owing to the


Ordnance Survey
1875.
N
St. Thomas' Chapel
St. Thomas's Street
Borough High St.
Guy's Hospital
Burial Ground
King's Head Inn Yard
White Hart Inn Yard
George Inn Yard
Great Maze Pond
Guy's Madhouse
Key
Guy's buildings
Other "
Sewers

Map 1.

(*The blank squares in the KEY should, of course, be filled with the appropriate hatching.*)


Position of Sewer
B
A
Matron's House
Chapel
FORE-COURT.
Sarah Swift Ward
W.C.
Surgical X-ray
Colonnade
Round House
Key
Gas
Drains
Gully

Map 2.

slope of the ground, very little rain-water runs into one of these gullies and it is possible that in dry weather the water in the trap might evaporate, allowing the escape of gases from the chamber (B). But this could have no bearing on our present investigation as the smell was present, wet or fine, and was not issuing from this gully.

Both the drain systems in the area having been found to be functioning properly we next thought of sewer ventilation as a possible source of unwanted smells. To ensure the safety of inspecting parties, numerous outlets for sewer gases are essential, which in heavily built-up areas are usually fitted at street level. But if the sewer is working properly such outlets do not give rise to nuisances, and in any case there are none in the vicinity of the gate. Our final thought about drains and sewers was whether some relation to the War might be found—for the first appearance of the smell was at least five years ago. Enquiries into local bomb-damage were disappointing. The East Wing of the forecourt and the buildings opposite were all destroyed by incendiaries, and of the high explosive bombs which fell on Guy's, none exploded. The Sanitary Inspectors also assured us that subsequent to any bomb explosion, the drains in that area were rigorously tested for damage and leaks. Thus, having excluded all possibilities of drains as the source of the nuisance, we concluded that we must look elsewhere for the cause of the trouble.

Gas

While these and other enquiries were going on it was noticed that the gas company was repairing a pipe under the offending spot. The explanation for this led to Guy's Works Department, where one of us heard that the District Sanitary Inspector had requested that two fresh-air inlets in the immediate vicinity should be provided with new mica flaps; his visit presumably being the result of our enquiries. The flaps had been repaired, though Mr. Shepherd, of the Works Department, did not think they were the cause of the smell. It had seemed to him that the smell was that of stale gas, so he had reported it to an official of the South-Eastern Gas Board, who had arranged for the repair of the leak.

After this major development in our enquiry, one of us went to the South-Eastern Gas Board to discover how gas leaks are handled and to discuss possible causes of the smell. Local government, and the administration of public utilities, are controlled by Acts of Parliament, in this case by the Gas Act, 1948, which provides that " the Company " must attend to any escape of gas from any pipe within 24 hours of their receiving notice in writing. In practice, escapes are usually reported personally or by telephone, and a repair gang should be on the spot in well under an hour.

Escapes may occur in a building or in the open. Those in buildings present a simplified problem : for the leak is reported promptly by the occupants who smell gas ; it can be controlled by turning off the supply at the meter ; and it can be traced, initially by smell and more accurately by painting the pipes with soap solution and watching for bubbles—though where the pipes run underneath the floorboards this may not be easy.

When an escape occurs in the open the company must rely on its being reported by passers-by. Postmen, policemen, the company's meter inspectors and others often report the smell of free gas in the streets. But some leaks such as this one at Guy's, have a peculiar, sour smell and may not be recognized immediately ; though long experience enables one to distinguish bad smells due to drains from those due to gas. The repair gang confirmed that this one was due to gas, and when the cover of the valve-chamber in the pavement was lifted there was a smell of free gas. Having decided that there is a leak, tracing its source may not be easy, for escaping gas frequently travels through the ground for some distance. The site of the escape may be obvious ; but when there is a slow leak, as was so in our case, a device known as Shott's Leakage Indicator is used. With a crowbar or pneumatic drill a number of " bar holes " are made in the ground and the indicator is packed in the top of each in turn. Working on the basis of Graham's Law of Diffusion the concentration of coal gas in the ground at each spot is registered on a dial. These readings showed the maximum concentration to be over the service pipe to the Hospital. When the pipe was exposed a small crack was seen in the iron, probably the result of pressure exerted by water freezing in the soil. It is interesting to recall that at the turn of the century it was the practice to light the bar holes and dig at that hole which had the longest flame.

Every escape must be repaired with the minimum of disturbance to the supply of gas. For this reason gas is fed into every main from both ends. Similarly with an escape from a large service pipe such as this one, which supplies all the front wards and the hospital stores, it is impossible to cut off the supply without great inconvenience and the danger of introducing air into the pipes and causing explosions.

Because of this and owing to the heavy demand for repairs following the January frosts, the leak was stopped temporarily with red lead and bound with greased tape, to be mended permanently when convenient. Such a temporary repair must be checked daily.

About three weeks later, when those concerned had been warned of the possibility of a drop in the gas pressure, a permanent repair was effected. First a rider, or by-pass, was set up, all the necessary holes being bored in the pipe with the gas still flowing. This maintains the flow of gas, but there is some drop in pressure, for with a five-inch pipe such as ours the largest practicable rider is only two inches in diameter. To seal off the fractured section holes were drilled in the pipe on either side of the crack, and through these were introduced two pigskin bags which, when blown up with air, effectively sealed the pipe. The fractured segment could then be cut out and replaced. When the repair had been completed, the rider and bags were removed and all holes in the pipe were plugged. After such a repair the gas company is responsible for making good the pavement and maintaining it until it has been inspected by the Borough Surveyor's Department.

When asked about the cause of the smell the gas company could give no definite answers. For the production of a foul smell it is necessary for there to be a slow leak over a period of time in wet soil. Such was the case at Guy's where the soil around the main gate is a damp clay. It seems to us that such conditions are admirable for anærobic bacterial activity. And since even purified gas contains traces of sulphur residues, it might be that these accumulate in the soil and provide a pabulum for sulphur bacteria whose metabolism involves the reduction of sulphates to hydrogen sulphide. This would also explain why these smells tend to persist even after the gas escape has been stopped. In very bad cases it has been necessary to dig out the affected soil and replace it, though the Guy's smell has abated sufficiently to avoid this.

Conclusions

It is disappointing that we cannot confidently claim all the credit for the removal of this nuisance, as it is quite possible that Mr. Shepherd or the Sanitary Inspector would have acted independently, and the gas pipe was in fact being repaired when we were still chasing red herrings. However, it does seem that the chain of events set in motion by the *Gazette* editorial was largely instrumental in action being taken.

At the outset of our enquiry, it had apparently occurred to nobody that gas might be the cause of the smell. It is satisfying that before the answer was stumbled upon, the drains had been thoroughly investigated and exonerated. There can be no real doubt that the smell was solely due to gas. It has reappeared in a less arresting form at intervals since the gas pipe was repaired, but that is a well known phenomenon with leaks of this kind, and one which we believe we have explained. It has been with us less often lately, and we hope it may soon have passed into history.

Acknowledgments

This study would have been impossible without the ungrudging help we have received from many sources. To Dr. Cramond in particular we owe our thanks for his constant advice and encouragement. We should also like to record our gratitude to Mr. Archer, Chief Sanitary Inspector, and Mr. Murphy, District Sanitary Inspector, Southwark Borough Council ; Mr. Ridge, of the L.C.C. Records Office ; Mr. Roskilly, District Manager, South-Eastern Gas Board ; Mr. Shepherd, Building Clerk of the Works, Guy's Hospital ; Miss Treadgold, of the Medical Illustrations Department ; Mr. Winston, the Wills Librarian ; and the Staff of the Southwark Central Library.

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AN INTRODUCTION to GENERAL PRACTICE (II)

By NIGEL G. NICHOLSON, M.B., B.S.

Joining General Practice as a Principal or Partner.

IN my last article, I outlined the procedure for becoming an assistant in general practice which I intimated, was an essential preliminary to practicing general medicine as a Principal or Partner, as without some working experience it would be foolish to set up on one's own, and no established General Practitioner would consider you as a partner.

There are three methods of starting in general practice under the National Health Service :—

1. By starting as an assistant to a Principal or partnership with a view to becoming a partner.
2. By applying to succeed to a vacancy designated by a County Executive Council.
3. By applying to practice in an area which is declared open.

Since the National Health Service began, all doctors who joined the scheme and were already in practice were compensated for the lack of saleability of their practices. The compensation money, has however, been held in abeyance until the retirement of each doctor, unless he could prove hardship.

The objections to the buying and selling of practices are as follows :—

> Firstly, there is the moral objection to good-will in the form of human beings being bought and sold. Secondly, it is considered that where a doctor is paid by a public authority for looking after his patients, that he should not be allowed to create a capital value in addition to his salary.

Whatever the objections to the buying and selling of practices may be, one cannot escape the fact that a life time's work has frequently gone into their building. The general practitioner who is successful has, therefore, built up something which belongs to him and to him alone, and cannot easily be transferred to another. Since the buying and selling of practices was abolished on theoretic grounds some practical problems have arisen without an easy solution. Man has always sought a basis for barter and the only satisfactory one that has been evolved is money.

Under the old system, movement from practice to practice was easy, as multilateral exchanges of practices were possible in the same way in which houses are bought and sold today. Where an urban doctor wanted to take life more easily in the country, he only had to sell his practice and buy another, whereas today he must find another doctor with an exactly contrary wish, willing to effect an exchange. Few such exchanges have been happily arranged, as would be the case if people were bound to exchange their houses on the same terms when desiring to move to another district, it is natural that after a life's pursuit in a district a doctor is not going to relinquish this good-will without first getting something in return for it.

When he makes up his mind to retire in five years time he will take an assistant under him for a period of trial, and if he is satisfied with his work he will make him a partner earning less money than himself, but at the same time expecting him to do most of the work. By this means the incoming partner does in fact pay for the practice in kind by doing more work and earning less money than his senior partner until he finally takes over.

This system of handing over the practice, so long as it is done gradually, is both accepted and encouraged by the Ministry of Health, as it gives the patients a gradual change over and feeling of continuity in the practice. There are now clauses in the regulations which prevent too rapid a handing over of a practice.

If a doctor dies in harness he now loses all his good-will, and his widow is left with perhaps only the house to sell so his successor. In some instances attempts are made to charge more for the house than its market value in order to realise something on the practice. Efforts are made to prevent this being taken too far, but a surveyor cannot help taking into account, when valuing the house, the fact that it is used for professional purposes.

Declared vacancies in General Practice.

Where a practice becomes vacant through death or retirement, the practice is advertised as a vacancy and applications are invited to fill it by the Executive Council concerned. The number of such vacancies is naturally fewer than assistantships with a view to partnerships for reasons already given. Needless to say the number of applicants to such a vacancy is astronomical and the chances of success remote. On the other hand a successful candidate may reap the benefit of a life's work for nothing.

Applications to start a new practice.

When a doctor wishes to start a new practice, he must first satisfy the Executive Council that he already has accommodation in the district suitable for consultation. Theoretically this means that he must find accommodation before he can apply.

Where the area is declared open and it is desirable that new doctors should start, he can obtain a basic salary of £400 a year for a limited period or until his capitation payment exceeds that amount. Setting up in this way is very expensive, as it is a long time before income meets expenditure. This is actually worse under the National Health Service than it was in the days of private practice, as a doctor is not paid for a patient on his list until the end of a quarter, during the whole of which the patient has been on his list. The effect of this is that a sick family can sign on with him shortly after the beginning of a quarter, and he must look after the family for the rest of that quarter and the whole of the next quarter before he gets any payment for attending them.

Since the capitation fee, after deductions, is only about 4*s.* 6*d.* per quarter, it is going to take him some time to build up a sufficient number of patients to make ends meet. Furthermore, the type of patients that a doctor gets at the outset are nearly always a constant liability, and it is easy to pay more on car expenses alone than he will earn.

It can be seen therefore, that where a practice has been built up against these odds, no one is going to throw away a good-will that has cost capital and hard work without first making somebody work their way into it. The practice does in fact owe him something which he used to get back when he sold it.

Trainee Assistantships.

There is a provision under the National Health Service whereby a Principal is subsidised for taking on an assistant inexperienced in general practice, for the purpose of training him. In this type of assistantship, the assistant is expected to work with the Principal rather than for him. The Principal under this system must not use the assistant purely for the purpose of getting his work done, otherwise it would be a breach of his undertaking. Doctors who have had no experience of general practice would be well advised to apply for one of these first.

Normal Assistantship.

An assistant may live with his Principal, or may live on his own. If he has a family, he will almost certainly have to find his own accommodation which is often difficult. Sometimes there is a flat over the consulting rooms which an assistant may occupy as a residential emolument. A single man, therefore, will find it far easier than a married man, to settle as an assistant.

In some practices an assistant will be provided with his own consulting room, and will work alongside his Principal, whereas in other practices he will simply do the Principal's surgeries as and when the Principal so requires. This is a far less satisfactory method both for the patients and the assistant. At first the assistant will find a degree of resistence towards him from the patients which will soon be broken down if he will only take a sympathetic interest in hearing their troubles.

Assistantship Agreements.

There are specimen agreements available which many Principals ask their assistants to sign when they are being appointed. It is in the interest of both the assistant and the partner that a written agreement be in existence in order to avoid any confusion in the future. Further the reading of such a document will make it clear to the assistant what duties are expected of him and what his legal status is.

The main points in these documents are :—

1. Time, distance, restrictions. This means that you cannot set up in practice within an agreed number of miles or within an agreed length of time unless you are subsequently taken into partnership.
2. As an assistant all money earned must be paid to the Principal, who in turn pays the assistant an agreed salary. The salary is usually paid monthly, with one month's notice either way. There is usually a gentleman's agreement, not in writing, as to the total time the appointment is likely to last.
3. An assistant must of course be a member of a Medical Defence Union.

Partnership Agreements.

Partnership is a legal arrangement whereby two or more people practice a profession together and pool all their earnings. It is the most vulnerable of all legal arrangements, as any partner is liable for the debts or damage incurred by any of his partners. For example, income tax is a partnership liability, and if a partner becomes bankrupt with income tax outstanding, his partners are bound to meet it to the full. Doctors are not allowed to form a limited company as is the case with Dentists. The legal aspect of partnership is so complicated that the assistance of a solicitor experienced in this type of work is essential. Under the National Health Service the partnership agreement is vetted before an incoming partner is granted a National Health Service list ; this is more for the protection of the incoming partner than anything else.

The main items that must be included in a partnership agreement are as follows :—

1. *Date of commencement.*
   The date the partnership commences and the conditions under which it shall be terminated, *e.g.* Death, Bankruptcy, or the notice required for resignation.
2. *Seniority.*
   The seniority of the partners and their voting strength, *e.g.* the senior partner may have the casting vote where the voting on an issue is equal.
3. *Partnership property.*
   Most partnerships own some property jointly, and if this is the case, the incoming partner must buy his share.
4. *Car and Instruments.*
   Most partnerships require that a partner shall provide himself with all his instruments, and at least one motor car. He must also have a house in keeping with his social position.
5. *Consulting accommodation.*
   The provision of a consulting room can be either a joint or individual responsibility, but whichever it is, it must be clearly defined in the agreement.
6. *Banking.*
   The bank account must be opened in the name of the partnership, and cheques drawn on an agreed number of signatures. All earnings must be paid into this account.
7. *Gifts.*
   Legacies from patients or bona fide gifts not directly for services rendered will of course be the property of the partner concerned.
8. *Profits.*
   The profits earned by the partnership as a whole must be divided among the partners according to an agreed basis. The agreement of this basis will naturally be the most controversial issue in the whole agreement. It should be said, however, that all partners should reach parity within six years or at the very most ten years. If an incoming partner is unlikely to be worth parity at the end of ten years, he is not worth taking into partnership. It is this particular subject that is most vetted by the authorities.
9. *Bail and surety.*
   It should be in writing that no partner shall assign, mortgage, charge or otherwise dispose of his interest in the practice or become bail, surety, or security for any person.
10. *Negligence or misconduct.*
    Each partner shall be liable personally to make good any loss occasioned to the partnership by his negligence or misconduct.
11. *Medical Defence.*
    Each partner must be a member of a Medical Protection Society.
12. *Accounts.*
    Each partner must keep accurate and up-to-date accounts, which must be open to inspection by the other partners.
13. *Holidays.*
    There must be an agreed number of weeks holiday for each partner per year.
14. *Sickness.*
    There must be a minimum time stated during which a partner must have been sick before he can be asked to resign.
15. *Time distance clause.*
    In a partnership agreement it is necessary to have a clause preventing a

partner from resigning and setting up in the same district on his own in competition with his partners, unless it is by mutual agerement.

16. *Disqualification of Principalship.*
If any partner commits any gross or persistent breach of the articles of partnership or has his name erased from the Medical Register or National Health Service Executive Council List, he shall cease to be a partner.

Any attempt to do without a partnership agreement in the first place may save a solicitor's fee. A legal agreement drawn up by a solicitor is " preventive law," whereas a dispute arising as the result of not having a legal agreement is " pathological law ", and barristers work very much more expensive legal cures with the aid of the courts !

CORRESPONDENCE

Letters to the Editor of the Gazette

An Acknowledgment

SIR,—A letter cannot truly express my feelings; but may I say how much I have valued the kindness in thoughts, words and deeds that has been shown to my children and myself by so many of our friends at Guy's since our recent bereavement. It has been a wonderfully strong and unforgettable support at this time.

Yours etc.,

Guy's Hospital, S.E.1. TOBY THORNE.

R.M.O. Nuffield House

SIR,—Like Miss Griffith I was dismayed to see Mr. Doherty's recent letter.

When I had the good fortune to be appointed R.M.O. Nuffield I was told by someone, who ought to have known better, that it was an easy job, with little work, good hours and no responsibility ! Fortunately I did not take this seriously. The next year was one of the busiest and most instructive times I had at Guy's, and there was responsibility in plenty.

Mr. Doherty gives but one reason for the proposed change—that the new method has proved satisfactory in the private wings of other hospitals. But has it proved *more* satisfactory than the present arrangement ? A few years ago a member of the Staff was heard to remark to his houseman on a ward-round, " I don't care a damn what they do in *other* hospitals—this is Guy's " !

Quite apart from the fact that the Junior Medical Registrar or House Officer may not be readily available in an emergency, they may be called to see a patient of whom they have no previous knowledge. This in turn will probably entail increased visiting by the honoraries concerned—an unnecessary drain on their valuable time.

If the new system comes into force a most valuable appointment will have been lost. The remaining R.M.O. will, it would seem, have little opportunity, or incentive, to avail himself of the wealth of clinical material which is present in Nuffield House.

One can only feel that everyone stands to lose by this decision; not only consultants, nursing staff and the lone R.M.O., but most serious of all—the patients.

Yours etc.,

Holmfield Cottage, H. M. BAIRD.
Lyndhurst,
Hants.

The Eclapse

SIR,—C. R. Armstrong does not appear to realise that owing to the incomparable design of the human retina, the brighter and more colourful manifestations of nature, sunsets and such, are seen to much greater advantage from an inverted head.

Doubtless you, Sir, striving always to give us the best, printed the eclipse in that position to save us the inconvenience of assuming that attitude.

If C. R. Armstrong does not appreciate this he can invert his *Gazette*, without appearing to cast aspersions on an abstemious and hard-working Office.

Yours etc.

S.E.1. W. Z. SMITH, F.O.N.P.

REVIEWS

Textbook of Medicine. Edited by SIR JOHN CONYBEARE, D.M., F.R.C.P. and W. N. MANN, M.D., F.R.C.P., Eleventh Edition. E. & S. Livingstone. *Price* 37*s.* 6*d.*

This is too famous a book to make the reviewing of it here in any sort of objective manner at all easy. For twenty-five years increasingly large numbers of students and postgraduates at Guy's, and elsewhere in the country and throughout the world, have relied on it for their basic reading in trying to acquire general and particular medical knowledge. The preface to this edition, the eleventh, stresses again that " clinical medicine can only be learnt at the bedside and in the out-patient department " but one remembers also the advice given in the preclinical class that the knowledge gained in studying individual cases should be augmented by reading the subject later in a suitable text-book. A particularly careful and critical approach, therefore, should be expected from one who has long found this the most suitable book available for this purpose.

Judged in any manner it is a remarkable book, steering its way with effortless ease along the narrow path between the arid, flinty wastes of the synopsis on one side and on the other the impenetrable jungle of the heavy reference book. To the newcomer it must seem almost unbelievable that it can at the same time be so readable and yet so comprehensive, that it can be accurate and concise yet not didactic, and that it can be a constant companion without becoming a bore.

Many of those familiar with the book will want to know what changes there have been since the tenth edition was published as short a time ago as 1952. There is an extensive revision of the section on Psychological Medicine which introduces Dr. Maurice Partridge as a collaborator with Dr. Desmond Curran. Always a very good section it has gained in clarity without losing any of its concise and original presentation and without fundamentally altering its structure. Dr. P. M. F. Bishop has revised and brought up to date his Diseases of the Endocrine System, while Dr. Maurice Campbell has added to his articles on congenital heart disease and the indications for mitral valvotomy, as well as replacing some of the electrocardiograms and adding new ones. Dr. Denis Brinton has revised the neurological section and there have been additions and changes in the sections on Diseases of the Blood and Renal Diseases. The editors have contributed new articles on sciatica and prolapsed intervertebral disc as well as the collagen diseases. The appendices include articles on sulphonamides and the antibiotics as well as cortisone and A.C.T.H.

In general very little criticism can be offered and there is no doubt that the book has maintained its exceptionally high standard and has enhanced its already great reputation. One or two sections are in need of revision, notably the section on Renal Diseases which should be brought up to date and made less discursive; in fact, it needs to be rewritten. The editors must find great difficulty in fitting their ever-expanding subjects into a total volume which cannot be allowed to increase indefinitely if the book is to retain its character. It is noticeable already that some recently revised sections seem to overshadow some of the older ones. The progress of the book is like a peculiar concertina which can easily expand but only seldom contract. It is reasonable, for example, that schizophrenia should occupy six pages of a textbook of general medicine, but three pages for all the leukæmias, and five and a half to cover erythema nodosum, influenza, glandular fever, brucellosis and Weil's disease are not enough by comparison. As the knowledge of medicine increases it will become impossible to keep the total size within arbitrary limits unless the scope of each new revision is narrowed. One way to overcome this dilemma would be to introduce a carefully selected bibliography referring only to up to date reviews of and monographs on any subject which seems to need more space than can be given to it.

Apart from general matters there are bound to be particular points of criticism some of which may be controversial. For example, it seems a pity that barbiturate poisoning, which must be one of the commonest and most dangerous and yet in some cases most amenable to treatment of the medical emergencies seen these days, is dealt with in a short paragraph, no mention being made of the use of amphetamine nor of the value of tracheal intubation in the more deeply comatose of these patients. Again, to say that gout is excessively rare in women must be misleading unless it is qualified by adding " before the menopause ". Most of us would be chary of making the diagnosis at all in face of such an uncompromising statement. Finally, the fierce condemnation of dexedrine in the treatment of obesity would be strongly challenged by many people who have found it invaluable and without risk in the reduction of weight of dangerously obese patients.

These, of course, are minor points and of no consequence beside the tributes that must be paid to the editors for bringing out yet another edition of this famous textbook, unequalled in its reliability and the high standard of its contents, extremely well printed and very reasonable in its cost.

T.M.L.P.

Lectures on the Scientific Basis of Medicine. Volume Two, 1952-3. VARIOUS AUTHORS. The Athlone Press. Pp. 380, 29 Plates. *Price* 35*s.*

A glance at the names of the authors and the titles of their lectures in this second volume indicates how little the subject matter of their discussions can be criticised. For we owe much of what they have to tell to their own investigations, and these papers are often simple accounts of their own discoveries. The diversity of topics considered makes certain that everyone will find something of interest, and that no two readers will agree on what is especially meritorious. The excellent bibliography of all subjects cannot fail to be of value.

From the stand-point of the clinical worker some lectures, like that on *Silicosis* (E. J. King) contain much that is already common knowledge. Others, like *Chromatography in the Study of Amino-Acid Metabolism* (C. E. Dent) and *Functional Significance of Connective Tissue* (A. H. T. Robb-Smith) concern us immediately and directly. And others, like *Cholinesterases and Anticholinesterases* (by our own Professor of Chemical Pathology), and *Human Haemoglobins* (J. C. White) are the promise of the medicine of tomorrow. To this reviewer, it appeared that some of the lectures were too general and too vaguely conceived to find great practical usefulness, but in contrast to the first volume in the series, the majority of the work included has real meaning for us as doctors.

The volume is well bound and produced, and contains some excellent photographs. But 35/- seems a lot for 380 small pages.

C.L.J.

Aids to Surgical Diagnosis. By SIR CECIL WAKELEY, Bt., K.B.E., C.B. Third Edition 1954. Baillière, Tindall and Cox. *Price* 6*s.* 6*d.*

Apart from a short first chapter describing the technique of special methods of examination, this little book concentrates almost entirely on clinical aspects of diagnosis. In its 246 pages the author has condensed a wealth of knowledge covering both common and rare surgical conditions and extending beyond the scope of general surgery into the realm of orthopædic, genito-urinary and chest disease. This attempt to cover a comprehensive field has resulted in rarities being given prominence which could have been more usefully devoted to common ailments. It is difficult to believe that the gravity of torticollis justifies its claim to one page, thereby achieving the status of bronchial carcinoma. Nevertheless, the fundamentals which often evade students of to-day are well and clearly presented and to those about to face the Examiner, this book is very strongly recommended.

It is not an easy way out for the junior student whose aim is the acquisition of an adequate and balanced knowledge of surgical diagnosis. It is commonly accepted that the "Aids" are of greatest use in the pre-examination cramming phase and there is no doubt in your reviewer's mind that the use of this volume should be confined to that period. For the candidate who can recall his clinical material and has reasonable knowledge of this book, success is assured.

F.G.E.

The Handicapped Child: Letters to Parents. By DR. KARL KÖNIG. New Knowledge Books. *Price* 1*s.* 6*d.*

In this little book, Dr. König, a follower of Rudolph Steiner, deals with the Mongol, the Spastic and the Autistic child.

He writes short letters to relatives of imaginary patients suffering from these disorders, describing and explaining some symptoms and personality traits. Although he conveys clearly and with warmth his interpretations of aetiology and his advice concerning management, it is probably little more than an unhurried physician will do at his clinic.

A.A.C.

Metabolic Integrations. By P. G. Watson, B.A. W. Heffer & Son Ltd. *Price* 4*s*. 0*d*.

This book consists of nine charts summarising the chemical reactions involved in the metabolism of amino-acids, carbohydrates and fatty acids. There is also a master chart showing the points at which these three metabolic pathways make contact with one another. Such charts, useful to those who have mastered the fundamental facts of biochemistry, must be used with discretion by those who have not done so. All detail is, of necessity, omitted from charts of this type, but at the same time ambiguity must be avoided. Unfortunately, there is some ambiguity in these charts, due mainly to a lack of consistency in indicating the reversible nature of some of the reactions. The need for brevity may perhaps be the cause of the following very bewildering series of reactions : *Pyruvic acid* → *Acetyl.* CoA → *Citric acid.* By a very slight alteration to the lay-out of the diagrams, the reactions involved in the conversion of pyruvic to citric acid could have been made clear. There are a number of errors in the charts, but mention will be made of only one : Chart 7 shows cystine as giving rise to homocysteine and then to methionine, whereas all the available evidence indicates that these reactions take place in the reverse direction.

A.S.

Medicine for Nurses. By W. Gordon Sears, M.D. Arnold, 1954. Sixth Edition. 16*s*. 0*d*.

To those who have been using this excellent handbook of medicine during the past twenty years, there is no need to introduce the basic text.

The addition however, in this latest edition, of many more well chosen illustrations and the comprehensive revision of material to include the most up-to-date information, assures its continued popularity and its usefulness as a standard work for all nurses.

B.J.P.

Practical Procedures in Clinical Medicine. By R. I. S. Bayliss, M.D., M.R.C.P. J. &. A. Churchill. Second Edition. *Price* 32*s*. 0*d*.

The second edition of Dr. Bayliss' popular book contains a few alterations and these contrive to bring it up to date in all respects. This book supplies the perfect solution to the problems of the House Officer or senior student who wants a really practical guide to his manoeuvres in the wards. Laboratory details are discussed but where techniques are very specialized they are not, fortunately, over-emphasized. One of the most attractive features about the book is the way that the author discusses every procedure in the light of its physiological and pathological bases. There has been room for such a book as this for a long time. The surgical equivalent has been in the book shops for over sixty years and we should be grateful to Dr. Bayliss for producing a medical equivalent of Pye's "Surgical Handicraft". This book is surely unique in discussing the indications and techniques of virtually every manoeuvre used in the medical wards from analysis of the urine up to cardiac catheterisation.

P.S.B.

SPORT

CRICKET CUP FINAL

Guy's *v*. St. Mary's

Played August 4, 5, 6 and 7 on the St. Barts'. Ground, Chislehurst.

Result: Guy's won by 7 runs.

Having beaten the Cupholders, Middlesex, in the semi-final, Guy's went to meet St. Mary's in the final with confidence. N. Cooke won the toss and decided to bat on a wicket which can only be described as a featherbed. Guy's never recovered from a disastrous start, Cooke being out in the sixth over with the scoreboard reading 0. No following batsman succeeded in staying long enough to materially help the score until W. Howells went to the wicket. He played a characteristic innings of aggression mixed with care and mainly through his efforts the Guy's score finally totalled 126. This was a poor effort since neither the pitch nor the bowling warranted the respect with which they were treated.

St. Mary's had scored 78 without loss by 5 o'clock, 75 minutes batting, when Gibbons caught Thompson for 54. From this point their wickets fell at regular intervals until at the close the scoreboard showed 176 for 7, 50 runs in front.

The remaining wickets were quickly disposed of the following morning in 40 minutes and St. Mary's totalled 194 runs, a very useful lead of 68. Guy's in a very determined frame of mind set out to rectify the position.

St. Mary's, as in the first innings, broke the opening partnership quickly and followed this success very soon by sending Tunnadine back to the pavilion with only 5 runs on the board. D. Atkinson, who had received a nasty blow on the forehead while hooking in the first innings, now went to the wicket. He proceeded to show everyone that the bowling held no terrors for him. He dispatched all and sundry to the boundary in his stay of 67 minutes during which he scored 67 runs. He has never played a more valuable innings than this. When he left the score was 89 for 3.

Immediately after lunch N. Cooke and M. Mackenzie set about consolidating the slender lead of 21 runs Guy's had at that stage. Runs came steadily and surely until at 3.50 the score stood at 203 for 3, a partnership of 104. At that score Cooke was caught behind off Speight for 82. The lead was now 135. M. Mackenzie was very shortly caught behind for 48. A. Gunn did not stay long, which meant the advent of W. Howells who joined E. Gibbons at the wicket. These two then set about the bowling, especially E. Gibbons, who very soon had the fielders lining the boundaries. In 33 minutes he reached his 50 but unfortunately played across a straight one with his score 55 and the total at 277.

W. Howells then took over the mantle of run getter and with able support from the remaining batsmen took the final score to 316 giving Guy's a lead of 248, his personal score being 36.

Guy's soon broke the opening partnership when A. Thompson was caught off N. Cooke for 10 and the total 30. Before the close St. Mary's added a further 28 without loss.

Play was only possible on Friday for an hour and three quarters because of rain. In this time St. Mary's lost 3 further wickets in taking their total to 123 for 4. Langridge now joined M. Speight in what proved to be the best partnership of the innings. At the close of play on Friday the score was 136 for 4.

Despite heavy rain during the night play was possible at 11.30 on Saturday morning due to the fine efforts of the groundsmen under the care of Mr. L. White. Langridge and Speight defied the Guy's bowling including the new ball until the scoreboard read 225 for 4 leaving St. Mary's requiring only 24 runs for victory. At that score, however, Atkinson had Langridge l.b.w. This was the turning point for in a further 20 minutes St. Mary's lost 2 more wickets in adding 6 runs.

When lunch was taken at 1.30 p.m., St. Mary's needed 18 runs and had 3 wickets in hand. On the resumption at 2.15 the atmosphere was electric for Guy's realised that they had come right back into the game. In the next half-an-hour every chance was taken and every run thoroughly earned.

Verity was caught off Atkinson in the second over and the scoreboard showed 234 for 8; 15 needed; Williams caught in the slips 235 for 9; and eventually Lyon caught and bowled Baxandall at 241 leaving St. Mary's 7 short and Guy's the winners.

We would like to thank all those members of the staff and hospital who came to watch the game and hope that we will again receive their support and finally we would like to record our sincere gratitude to Mr. Laurie White the groundsman for his magnificent catering and work on the ground enabling us to play in spite of adverse conditions.

Guy's Hospital—1st Innings

Batting

W. R. Knapman, c. Verity, b. Speight	6
N. R. Cooke (Capt.) l.b.w., b. Baxandall	0
D. E. Tunnadine, b. Bowen	2
D. W. Atkinson, c. Fleming, b. Speight	10
M. B. R. Mackenzie, c. Langridge, b. Speight	9
A. L. Gunn, b. Thompson	10
E. R. Gibbons, b. Bowen	23
W. J. Howells (wkt.) c. Darroch, b. Baxandall	56
J. F. H. Young, run out	3
M. A. C. Lyon, st. Langridge, b. Speight	2
M. F. H. Willis, not out	0
Extras (l.b. 2, w. 3)	5
Total for 10 wickets	126

Bowling	O.	M.	R.	W.
J. Bowen	11	6	19	2
J. Baxandall	14.1	4	34	2
M. Speight	18	4	44	4
A. Thompson	14	4	24	1
A. Fleming	—	—	—	—

Fall of Wickets: 1-0, 2-5, 3-28, 4-37, 5-47, 6-71, 7-81, 8-87, 9-89, 10-126.

2nd Innings

W. R. Knapman, c. Langridge, b. Bowen	0
N. R. Cooke (Capt.) c. Langridge, b. Speight	82
D. E. Tunnadine, b. Bowen	0
D. W. Atkinson, hit wkt., b. Speight	67
M. Mackenzie, c. Langridge, b. Thompson	48
A. L. Gunn, b. Speight	4
E. R. Gibbons, b. Baxandall	55
W. J. Howells, run out	36
J. F. H. Young, l.b.w., b. Thompson	8
M. Lyon, c. Baxandall, b. Thompson	4
M. F. H. Willis, not out	2
Extras (b. 3, l.b. 2, w. 5)	10
Total for 10 wickets	316

Bowling	O.	M.	R.	W.
J. Bowen	17	6	41	2
J. Baxandall	17	2	67	1
M. Speight	36	7	116	3
A. Thompson	13.4	1	46	3
A. Fleming	15	2	36	0

Fall of Wickets: 1-1, 2-5, 3-89, 4-203, 5-209, 6-209, 7-277, 8-297, 9-311.

St. Mary's Hospital—1st Innings

A. Thompson, c. Gibbons, b. Willis	54
F. Hunter, b. Atkinson	27
B. Dillon, l.b.w., b. Atkinson	21
M. Speight, l.b.w., b. Atkinson	16
M. Darroch, c. Gibbons, b. Lyon	28
J. Langridge (wkt.) b. Lyon	11
G. Fleming (Capt.) l.b.w., b. Atkinson	16
J. Bowen, b. Mackenzie	1
A. Verity, c. Howells, b. Mackenzie	7
M. Williams, not out	5
J. Baxandall, b. Atkinson	0
Extras (b. 6, w. 1, n.b. 1)	8
Total for 10 wickets	194

Bowling	O.	M.	R.	W.
M. A. C. Lyon	18	5	35	2
D. W. Atkinson	18.4	4	46	5
W. R. Knapman	6	0	24	0
M. F. H. Willis	11	3	32	1
A. L. Gunn	3	0	14	0
M. B. R. Mackenzie	17	7	35	2
N. R. Cooke	—	—	—	—

2nd Innings

A. Thompson, c. Gibbons, b. Cooke	10
F. Hunter, b. Mackenzie	35
B. Dillon, b. Mackenzie	44
M. Speight, b. Willis	70
M. Darroch, c. Howells. b. Lyon	20
J. Langridge, l.b.w., b. Atkinson	35
G. Fleming, run out	1
J. Bowen, not out	7
A. Verity, c. sub., b. Atkinson	4
M. Williams, c. Mackenzie, b. Lyon	1
J. Baxandall, c. and b. Lyon	3
Extras (b. 3, l.b. 7, w. 1)	11
Total for 10 wickets	241

Bowling	O.	M.	R.	W.
M. A. C. Lyon	27	10	52	3
D. W. Atkinson	22	3	73	2
W. R. Knapman	—	—	—	—
M. F. H. Willis	15	5	22	1
A. L. Gunn	—	—	—	—
M. B. R. Mackenzie	32	11	55	2
N. R. Cooke	12	4	28	1

THE ANNUAL BOWLS MATCH

On Friday, 23rd July we sent two teams and their supporters to the Tower of London, for the Annual Match between Guy's and the Yeomen Warders. After a very enjoyable evening we were beaten easily by the greater skill of our opponents, despite a good effort on the part of our own bowlers who managed to do quite well after they realised that the green was not perfectly flat.

After the match, the teams were provided with refreshment before being invited to observe the Ceremony of the Keys, which was a very impressive way of ending a pleasurable occasion.

This event has now taken place for many years and it is hoped that it will always remain an annual event in the social activities of this hospital.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the appointment of Registrar to the **Department of Diagnostic Radiology** (whole-time, middle grade). Duties to commence on the 1st October, 1954. Forms of application, obtainable from the Superintendent, Guy's Hospital, should be forwarded not later than the **31st August, 1954.**

DERMATOLOGICAL HOUSE PHYSICIAN, NON-RESIDENT

Applications are invited for the post of **Dermatological House Physician** (Post-Registration). Duties to commence on September 1st, 1954. Applications should be lodged with the Supertendent not later than **August 25th.**

APPOINTMENTS

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Croonian Lecturer

Dr. A. H. Douthwaite has been appointed Croonian Lecturer for 1956.

Finance Committee

Dr. W. N. Mann has been elected to the Finance Committee .

Panel of Examiners

Membership: A. H. Douthwaite, M. E. Shaw, E. R. Boland.

Chemistry: W. L. G. Gent.

Materia Medica and Pharmacology: W. N. Mann, J. M. Robson.

Physiology: W. R. Spurrell.

Pathology: F. A. Knott.

Midwifery and Diseases Peculiar to Women: Frank Cook.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates :

1 line 6s., 4 lines 20s. Box Numbers 9d. extra.

Replies to Box Numbers should be addressed to " Gazette " Office, Guy's Hospital, London, S.E.1

Wanted

TWICKENHAM. Guy's man requires Assistant Dental Surgeon early September. Modern Surgeries, full assistance, generous terms. 'Phone Popesgrove 1542 or write Box No. 58.

QUALIFIED ASSISTANT wanted for Dental Practice. Essex Coast Town. Box No. 60.

ASSISTANT required in very busy first class practice, Herefordshire. Please reply with details of professional qualifications, age, etc., to Box No. 61.

FLAT (Self-contained, London). 2 Bedrooms, usual offices. Box 82.

For Sale

STUDENT'S DENTAL CABINET. Second-hand Ash Cabinet. Good condition. No Instruments, but stainless steel sterilizer tray. Offers. Box 62.

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

July, 1954

R. H. R. White

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.D.S.

R. C. Bret Day
M. A. Kettle
A. H. Rowe

F.R.C.S.

Primary Examination

J.-C. Gazet
D. F. N. Harrison
P. C. Leeson
J. A. Loeb
G. A. Marin

ROYAL COLLEGE OF SURGEONS IN IRELAND

D.A.

R. D. Walsh

CONJOINT BOARD

D.A.

G. C. Foster-Smith
G. G. France
J. Lederer
E. L. Magee
J. A. F. Tobin

D.L.O.

P. W. Head

ROYAL COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS

Membership

A. W. Banks
John Crossley
A. E. R. Buckle
Jeffrey Walsh

Diploma

G. B. Davison
R. D. P. Druitt
W. R. Lee
C. J. G. Menzies
D. N. H. Owen
P. B. Poole
K. F. Robinson

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

July, 1954

Surgery: *D. V. Burke.
Medicine: *R. M. Stewart.
Midwifery: J. R. F. Boger. J. S. Miller.

*Have completed the examination.

UNIVERSITY OF CAMBRIDGE

Anatomy and Physiology

Easter Term, 1954

B. S. Kennett

UNIVERSITY OF LONDON

M.D.—Part I

July, 1954

J. Fry
R. Goulding
K. M. S. Hume

Postgraduate Diploma in Public Health.

June, 1954

N. S. Galbraith

Academic Postgraduate Diploma in Bacteriology.

P. Chadwick

Third (B.D.S.) Examination in Dental Surgery.

June, 1954

Honours

H. D. A. Hope (Distinguished in Orthodontics).

Pass

G. W. Cowley
J. J. Hall
I. M. Hauldron
B. C. Rich
P. S. Smith
J. C. Stephenson
D. R. Taylor
D. E. G. Thomas
W. R. Thomas
P. J. Willard

Supplementary Pass List

The following Candidates have passed in Part I:

J. Amherst-Clark
R. J. Andlaw
N. B. Athill
R. E. Barber
B. O. Barnard
D. L. Brooke Jones
R. Burman
D. M. Carpenter
Gloria Cavalôt
J. E. A. Chiappe
Elaine R. Dagger
Jane Elliott
J. R. Fieldhouse
J. F. Groves
N. M. Hepburn
N. J. Knight
Brenda M. Langrish
H. Mercer
C. J. Meryon
C. K. Millman
J. S. Partridge
R. A. Peebles
J. A. Quant
D. E. Rees
D. G. Rosair
A. J. Sawyers
D. O. Smith
P. J. H. Snell
D. C. J. Stares
I. W. Torry

The following Candidates have passed in Part II:

T. P. Bass
C. P. Briggs
I. M. Briggs
P. Degens
P. H. Goddard
H. C. F. Hudson
J. N. James
D. A. Lambert
J. D. Lane
J. S. Lee
P. A. Long
E. W. Lunn
P. W. Pollock
B. H. Pritchard
D. J. Veale
P. J. Wege
P. E. Williams

Special Second Examination for Medical Degrees.

July, 1954

A. J. Armour
R. D. S. Barnes
J. T. Bavington
P. Brooke
L. Cook
M. H. de Groot
P. S. Firth
R. G. G. Gain
A. B. Hewitt
L. M. Hillman
K. Kitiyakara
S. J. Lam
N. Lis
A. B. Morphy
D. A. H. Thomas
H. M. Tuddenham
W. Whitrow
D. J. Wood

Second Examination in Dental Surgery.

July, 1954

Helen A. Akiwumi
J. C. Askew
M. L. Brenchley
B. Clark
I. G. Creed
B. S. Cryer
E. N. Daver
W. A. Dearlove
D. J. Endacott
C. E. Evans
Greta R. Fink
G. H. Forman
G. W. Hackett
A. W. Harris
M. S. Hinton
C. Howard
L. V. Howard
Tatyana Katisevs
H. K. Kemp
P. A. S. Lavelle
H. J. Leake
D. T. H. Lloyd
C. Maggs
K. F. Moos
A-H. Noll
P. M. O'Driscoll
H. C. Pritchard
D. L. Rivett
I. W. Scantlebury
M. J. Scott
T. Sherwood
E. E. Silcock
P. J. Stubblefield
M. J. Sutton
J. D. Trezona
R. A. R. Wallace
C. H. Wege
M. A. Young

Special First Examination for Medical Degrees
June, 1954

D. Allarakh
J. F. Bedell
J. C. Bouch
N. H. Clarke
M. J. S. Coe
G. F. de Silva
J. M. Justice
J. C. V. Mitchell
Margaret G. Moran
T. G. Nash
A. P. Reynolds
D. S. Roberts
I. Rosenthal
D. S. Smith
Jean M. M. Steadman
J. A. Wall
Barbara Walsh
C. G. MacG. Williams

The following Higher School and General Certificate of Education Candidates have qualified for exemption from the First Medical.

R. M. J Andrews
Susan P. Ardley
M. A. McL. Bailey
D. G. Bates
B. A. O. Binns
A. Blackler
J. C. Bull
A. J. Chapman
A. Collingham
R. J. Cutler
Patricia Devlin
R. L. A. Enfield
G. J. M. Erwin
Madeleine V. Fairchild
Louise Gallagher
R. M. W. Griffith
J. G. Holmes-Smith
W. Holms
F. H. A. Jago
B. W. Jones
E. S. Kerr
Marie L. Kress
A. P. Lees
O. C. Legg
Ann Limehouse
Hazel J. McFarlane
J. J. Maher
Mary E. Maynard
R. H. S. Mindham
R. G. Notley
D. J. Openshaw
P. E. Pearce
W. B. Pearce
B. D. Pierce
G. M. Preston
A. R. C. Ralph
M. I. Reeve
M. D. Robson
C. J. Rowland
J. B. Sales
M. D. Sanders
G. L. E. Savy
J. G. Sekabunga
J. K. Smallshaw
J. M. Snook
A. W. Sollom
June M. Squire
T. C. Taylor
T. G. Tetlow
A. K. Trounson
G. G. Ward
G. E. Warr
R. W. Willé
M. B. Wilson

PHYSIOTHERAPY SCHOOL

Pass List. May-June 1954 *examinations.*

Teachers
Miss M. Stewart

Finals
Miss Clapham
Miss D. Evans
Miss I. French
Miss V. Hammond-Williams
Miss D. Johnson
Miss G. Longstaff
Miss G. Oldland
Miss I. Rees
Miss S. Turner

Interim Finals
Miss Brown
Miss Fry
Miss Grohman
Miss Harding (Credit)
Miss Jarvis
Miss Hardwick-Johnson (Credit)

Intermediate
Miss P. Barbour
Miss J. Boustead
Miss J. Edwards
Miss J. Grimwood
Miss A. King
Miss Seymour
Miss P. Spindler
Miss S. Whitfield

Preliminary
Miss Adams
Miss C. Bone
Miss E. Bullock
Miss R. Cooke
Miss A. Davies
Miss S. Heely
Miss M. Hildrop
Miss P. Jeacocke(Credit)
Miss J. Mold
Miss S. Pilditch
Miss R. Poulton (Credit)
Miss R. Prior
Miss G. Prole (Credit)
Miss E. Randall
Miss G. Smith
Miss P. Sutton
Miss M. Williams
Miss T. Woodhead

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Citron, K. M. Sarcoidosis, Hypercalcæmia, Calcinosis and Renal Impairment. *Proc. R. Soc. Med.*, 1954, **47**, 507.

Dowling, G. B. Lupus Erythematosus. *Practitioner*, 1954, **173**, 140.

Engel, C. E. and Hansell, P. Gait. *Med biol. ill.* 1954, **4**, 66.

Everall, John and another. Cutaneous Hypersensitivity to Lanolin: Investigation of One Case. *J. invest. Derm.* 1954, **22**, 493.

Hilton, S. M. and another. Antidromic Vasodilatation and Blood Flow in the Rabbit's Ear. *J. Physiol.* 1954, **125**, 138.

Hilton, S. M. and another. The Cause of the Vasodilation in the Mandibular Gland on Stimulation of the Chorda Tympani. *J. Physiol.* 1954, **125**, 48P.

Luder, J. Osteodystrophy Due to Congenital Deficiency of Phosphatase. *Proc. R. Soc. Med.* 1954, **47**, 541.

McLean, John W. and Morrant, G. A. An Investigation into the Suitability of the Autopolymerising Resins for Direct Inlay Patterns. *Brit. dent. J.* 1954, **97**, 59.

Marsh, Frank. Gastric Analysis and other Laboratory Aids to Gastro-Enterology. *Med. Pr.*, 1954, **232**, 41.

Pearson, R. S. Bruce. The Allergic Factor in Asthma. *Med. Pr.*, 1954, **232**, 88.

Pearson, R. S. Bruce. Pulmonary Tuberculosis following Partial Gastrectomy. *Postgrad. med. J.* 1954, **10**, 159.

Rewell, R. E. and another. Cæcum of Monotromes and Marsupials. *Trans. zool. Soc. Lond.*, 1954, **28**, 185.

Rushton, Martin A. Acquired Enamel Cuticle. *Brit. dent. J.*, 1954, **97**, 64.

Thomas, Gerald. Heart Failure in Children with Active Rheumatic Carditis. *Brit. med. J.*, 1954, ii, 205.

White, R. H. R. Ascariasis Treated with Piperazine Hydrate. *Lancet*, 1954, ii. 315.

Witts, L. J. and another. Cortisone in Ulcerative Colitis. *Brit. med. J.*, 1954, ii, 375.

CHANGES OF ADDRESS

Erratum.—Guy's Directory, 1954.—Sir Geoffrey Marshall, K.C.V.O., C.B.E., 149 Harley Street, W.1. (*Tel.*: Welbeck 4444).

A. J. Beale, M.D., Dept. of Virus Research, Hospital for Sick Children, 555 University Av., Toronto.

A. R. Phillips, Major, R.A.M.C., 31 Field Ambulance, B.A.O.R. 14.

MARRIAGES

BEALE—HARBROW.—On 5th August, 1954, at Holy Trinity, Sissinghurst, Kent, Alan John Beale, M.D., to Rosemary Elizabeth Harbrow, S.R.N.

COLLINSON—ROGERSON.—On 28th July, 1954, at Newport, Isle of Wight, Richard Eric Collinson, L.D.S.R.C.S., to Jean Rogerson.

BIRTHS

BATES.—On 17th July, 1954, at Henley on Thames, to Barrette, wife of Joah Bates, M.B., M.R.C.P., D.P.M., a son (Andrew Joah).

FOLEY.—On 1st August, 1954, at the Mater Hospital, North Sydney, Australia, to Pixie (née Wilson), wife of John Foley, M.R.C.S., L.R.C.P., a sister (Boronia Claire) for Tessa and Sean.

FORSDICK.—On 16th August, 1954, at Royal Hants. County Hospital, Winchester, to Eirene (née Samoilys), wife of Dr. D. H. Forsdick, a son (Stephen John).

RICHARDS.—On 21st July, 1954, at Dellside, Eaton, Norwich, to Mollie (née Horder), wife of L. G. Richards, B.D.S., a daughter (Mary Jane), a sister for Catherine and Helen.

THORNTON.—On August 12th, 1954, at Southmead Hospital, Bristol, to Helen (née Hodson) and Robert L. G. Thornton, L.D.S., R.C.S., a son (James Grant).

WATKINS.—On 2nd August, 1954, at the Richmond Nursing Home, Bexhill-on-Sea, Sussex, to Gill, wife of Tony Watkins, L.D.S., R.C.S., a son (Nicholas Graham).

EDS. { **E.B.D.T.**
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVIII No. 1725 4th September 1954 *One Shilling*

PASSIM

Myxomatosis

OUR countryside has had a novel feature this year, unusual and unpleasant. Wherever the myxomatosis virus has passed by, a large number of rabbits has passed on. This disease, first introduced into Australia, has spread over many parts of the world and simultaneously the rabbit population and the rabbit problem have shrunk rapidly.

The slaughter has been encouraged by farmers who have often paid high prices for infected rabbits. They have certainly revenged themselves on their old enemies and this constitutes the credit side of the situation, for crops will doubtless give much bigger yields without these annual depredations.

Although it is now too late to prevent the spread of this epizootic, it is perhaps worth while to consider some of the consequences. We have mentioned the farmers' benefit and equally we must mention the other side of the account. For, in some areas, quite a lot of country-folk earn substantial livings by trapping and marketing wild rabbits. In a flash they have met disaster. They still have their traps, they still have their customers but within a few days of the advent of the disease, they cease to have any rabbits. Rabbit meat and imitation ermine may become rarities ; whereupon the prices will go up—perhaps some consolation to the trapper.

Another aspect is that of the unquestioned disturbance of that mysterious entity, the balance of nature. This has been altered, as many poultry keepers will affirm. Brer Rabbit being off the scene, their chicken pens have provided hors d'œuvre, entrée, joint and sweet for Brer Fox who is an accommodating fellow and prepared to live instead on poultry. Nature has solved another problem; the disposal of the dead has been done very efficiently by natural scavengers. This must have been a very big undertaking as the toll has been large. For example one mile of an Anglesey road in early August was strewn with over one hundred bodies.

The doctor's interest in myxomatosis arises in part from the questions asked by the lay public. They want to know what likelihood there is of the disease spreading to domestic animals or to mankind. We know that some of the public are alarmed about this point. In a recent *Weekly Scotsman* was a letter from a lady who had heard of myxomatosis in Australia, and had heard too of poliomyelitis in the same continent and was quite ready to assume that the one in rabbits was a harbinger of the other in man.

We know that there is no evidence that the two diseases tread the same path. Likewise we know that Australia had epidemics of poliomyelitis long before the first Australian rabbit became myxomatous. Evidently though, the public are not well informed upon the matter and a timely statement from the Ministry of Health would dispel a lot of worries. It would undoubtedly save some head scratching and explanation by the family doctor (the main butt of lay questions) who will not find myxomatosis to be mentioned in his text books of Pathology or of Public Health.

Although this is rather a gloomy subject, we can finish on one note of cheer. We are told that if we cannot manage without our rabbits, there is still a solution to this problem. The American cotton-tail is apparently highly resistant to this sterling disease. As a last resort we can always import some to refill the empty burrows and to eat our vegetables.

In this issue we publish the first list of names of those old Guy's men who are coming to the Biennial dinner in October. There will be more to add to the tally soon. Meanwhile we would remind our readers again of the date—October 1st. The Biennial Dinner is a gathering not to be missed.

Some rather startling information was in the Minister of Health's answer to an M.P.'s recent question. We believe the present situation with regard to actions for negligence to be most unhappy. The decline of the relationship of the public to the doctor has been given a melancholy financial measurement.

The Ministry of Health has paid the following annual sums in damages for hospital negligence or inefficient attention:—

1948-9	£7,560	1952	£106,574
1950	£23,636	1953	£152,590
1951	£38,556		

These figures require little comment as their magnitude and their trend speak for themselves.

In an editorial, that stalwart journal *Truth* makes the following plea for lay reason. "It is not good that doctors and nurses should do their work with one eye on the possibility of actions for damages if anything goes wrong."

We think that all medical men and most thinking laymen will agree with this. Such agreement is, however, a very long way from the solution which can only stem from a realistic approach by the legal profession.

GUY'S DIARY

SEPTEMBER			Exhibition. Department of Surgery. *Haematemesis.*
9th	Th	5.00	Mr. Murray Falconer. Neurosurgical Demonstration. Clinical Theatre.
11th	S	10.00	Mr. Norman Lake (Charing Cross Hospital). Departmental Round. Clinical Theatre. Rugby 1st XV *v.* Shelford (Shelford).
13th	M	1.00	Mr. A. D. Marston. Clinical Lecture.
17th	F	1.00	Dr. A. C. Hampson. Clinical Lecture.
18th	S		Rugby 1st XV *v.* Catford Bridge (H.O.P.).
20th	M	1.00	Mr. R. H. F. Brain. Clinical Lecture.

GUY'S HOSPITAL BIENNIAL DINNER, 1954

To be held at the Connaught Rooms, Great Queen Street, Kingsway, W.C.1 on Friday, October 1st at 7.0 for 7.30 p.m.

This list (name and year of qualification) is of acceptances received up to August 18th. Since then many other applications for tickets have been received and a further list will be published in the next issue of the *Gazette*. The Hon. Secretary would be grateful if other Guy's men and women who intend to be present will forward their applications for tickets (25/- each) not later than September 20th, to O. Gayer Morgan, M.Ch., Hon. Secretary, Biennial Dinner, Medical School, Guy's Hospital, S.E.1 (Tel.: HOP 3500, Ext. 383).

Baker, C. G.	1932
Barber, N. L.	1929
Batchelor, J. S.	1931
Bishop, P. M. F.	1929
Blacker, C. P.	1925
Blacklee, E. T.	1931
Blackman, G. G.	1942
Blaikley, J. B.	1928
Boland, E. R.	1923
Brinton, W. D.	1938
Bromley, J.	1904
Brown, J. M.	1935
Buckler, F. R.	1939
Bulstrode, J. C.	1940
Butterfield, W. J. H.	1945
Cameron, H. C.	1905
Campbell, A. M. G.	1934
Carr, T. E. Ashdown	1907
Clayton-Jones, E.	1927
Cobb, W. E. S.	1891
Cohen, S. M.	1928
Cole, S. N.	1941
Collier, H. N.	1926
Constable, H. A.	1931
Constad, V.	1932
Conybeare, Sir John	1917
Cook, F.	1911
Cooper, H. G. N.	1932
Covell, Sir Gordon	1913
Crisp, E. J.	1920
Crook, A. H.	1908
Crooks, J. E.	1928
Cross, W. G.	1939
Danin, A.	1928
Darke, C. S.	1936
Davies, D. O.	1947
Dixon, G.	1951
Dixon, W. M.	1947
Doubleday, F. N.	1908
Duckworth, D. V.	1952
Dunn, C. H.	1941
Eckhoff, N. L.	1923
Edwards, C. H.	1937
Ellis, D.	1927
Ellis, G. G.	1932
Everall, J.	1942
Fabricius, J. M.	1944
Farrell, R. H.	1953
Finer, D.	1934
Forrester, N. L	1935
Fouraker, E H.	1923
Gazet, J. C.	1951
Genge-Andrews, G. E.	1912
Gill, W. G.	1932
Goodhart, J. G.	1941
Gordon, J.	1940
Graff, E. L.	1927
Grasby, E. D. Y.	1926
Gray, H. Morgan	1916
Greany, W. H.	1931
Green, P. Paige	1916
Greenwood, E. J.	1926
Grene, J. D.	1942
Grice, J. W. H.	1917
Guerrier, H. P.	1940
Haas, L.	1946
Haden, P.	1940
Hammond, J. A. J.	1935
Harkness, A. H.	1914
Harley, H. R. S.	1936
Harris, D.	1953
Hart, M. C.	1924
Hawkins, B. E.	1925
Hawkins, C. F.	1939
Heylen, Miss J.	1952
Hicks, C. A. Nelson	1927
Hills, T. H.	1935
Hind, A. W.	1941
Hinde, R. T.	1940
Hoby, H. J.	1912
Holling, H. E.	1933
Hooper, K.	1922
Hughes, W.	1931
Hutton, A. M.	1938
Irish, D. H.	1932
Jago, M. E. M.	1925
James, W. L.	1933
Jarman, R.	1926
Jepson, A. C.	1912
Johns, S. P.	1947
Johnson, C. H.	1928
Johnston, T. B.	1906
Jones, A. E.	1933
Jones, W. D. Glynn	1928
Joyce, H. L.	1941
Kauntze, R.	1937
Keable-Elliott R. A.	1948
Kearsley, F. R.	1928
Kendall, N. E.	1915
Kessel, H. H.	1925
Kett, R. G.	1935
Kynaston, R. U. F.	1941
Lake, F. B.	1935
Lane, R. E.	1923
Lansdown, R. B. P.	1919
Laver, C. H.	1917
Layton, T. B.	1906
Lester, E. R.	1953
Lewin, J.	1923
Lewis, Walter	1932
Lindsey, M. J.	1933
Lloyd, N. L.	1923
Lubran, M.	1937
Lucey, H. C.	1909
Lyth, O.	1933
Mackenzie, I. C. K.	1947
MacLean, K. S.	1939
Maile, W. B. D.	1940
Malone, C. D.	1929
Mann, W. N.	1935
Manning, F. R. C.	1941
Mansie, J. W.	1934
Marshall, Sir Geoffrey	1911
Martin, J. N.	1926
Maxted, P. B.	1942
Mayer, J. H.	1935
McArthur, J. M.	1934
McCall, A. M.	1939
McConnell, W. S.	1927
McNair, A. J.	1911
Mill, A. W.	1924
Miller, G. A.	1932
Mollison, W. M.	1904
Morgan, O. Gayer	1913
O'Donoghue, R. J. L.	1929
Ogle, W. L.	1933
Oliver, W. G.	1908
Parker, F. G.	1928
Plowright, O.	1927
Ponder, A.	1935
Popplewell, J. R. F.	1930
Post, H. W. A.	1926
Ratcliffe, R. A.	1932
Read, B. Lees	
Reading, P. V.	1930
Reinhold, C. H.	1903
Riddiough, S.	1917
Ripman, C. H.	1906
Ripman, H.	1941
Robin, I. G.	1933
Rowlett, J. A. T.	1934
Rutter, C.	1931
Saunders, S. McK.	1907
Schurr, P. H	1943
Sechiari, G. P. A.	1941
Seward, E. Canton	1924
Shelswell, A. H.	1921
Skinner, G. B.	1952
Smallshaw, D. B.	1929
Smith, A. L.	1941
Smith, K. P.	1930
Spurrell, W. R.	1924
Stamm, T. T.	1928
Starling, E. C. W.	1914
Steward, G. V.	1930
Stewart, I. McD. G.	1939
Stoll, L. J.	1932
Strange, D. W.	1947
Strange, E. W.	1903
Sutcliffe, R. B.	1931
Symonds, Sir Charles	1915
Thompson, A. R.	1901
Tomlin, E. E. D.	1954
Turner, Philip	1897
Vaughan, G. F.	1947
Walt, M. L.	1933
Wheeler, S. J.	1929
Whitcombe, D. M. P.	1916
Wilkinson, P. A.	1934
Wilks, M.	1942
Williams, D. Hammond	1924
Williams, H. Keith	1924
Wood, C. E. R.	1931
Wood, G. N.	1928
Worssam, A. R. H.	1948
Worthington, C. L.	1925
Zamora, A. M.	1912
Zorab, E. C.	1933

OBLIVIA (5)

BY Q. S. GABB

How does suggestion cure warts ? A damsel came in to see a locum here with a troublesome one on her shapely hand. He just looked at it, and told her to come and let him see it again at exactly 2 p.m. in four weeks' time. She couldn't. It had gone. I started quite a crop on my ear, which frankly grew so well and fast that I was scared stiff. My wife started a huge unsightly one on her (also shapely, only more so) hand. The clever locum said no word at all except, " I'll have a look at them on my next leave " and gave her a halfpenny and me sixpence ! In four weeks all had " sunk without trace." He is Naval. Search me ! If a further personal instance may be forgiven, one day I had—probably—indigestion, and for some reason my blood-pressure was taken. It was sky-high to the joy of the doctor, who thought he had made a snap diagnosis. My will was overhauled ; things in the house were hurriedly labelled as to who should have what ; life insurance policy located, and an air of inspissated gloom pervaded the good-nights. Next morning the blessed thing was subnormal, and in a few minutes I was feeling quite willing (if not like Sarah, capable) to lay the foundation of a new dynasty.

So much and more for power of suggestion, which is, perhaps fortunately, stronger than most people's faith. To wit, the lady who prayed daily for the removal of a mountain which occluded her winter sunlight and woke each morning with the remark, " There, I knew the darned thing would still be there." Was it not St. John Lucas' Saint whose faith was such that his mountain did begin to deposit itself in the nearby lake, swamping the littoral villages, and gravely impairing both the livelihood and rations of the fishing industry, and the local faith in the Saint's benevolence, so that he had hurriedly to pray in reverse. I believe it was the same writer of genius whose Sister Superior urgently required some holy relics to deal with an attack of plague in the village. In the hurry of despatch, the name of the beatified deceased was omitted, but as the parcel was labelled " ex pedito," they became bits of St. Peditus. The plague was stayed. All clean fun, but how awfully true.

It was necessary to record a lady's blood-pressure, an ordeal which she was quite unwilling to undergo ; she couldn't possibly stand it ; she would certainly faint. Verbal reassurance being useless the receptionist was called in as guinea-pig (guinea-sow) to demonstrate how harmless and even pleasant was the proposed routine. Having reached about 115 the receptionist passed out. That was enough; example always being more potent than precept I found myself with two unconscious women on the floor, feeling rather like Mr. Christie, and hoping no one would come. Luckily nobody did, so presently we had a "blood-pressure party " with a nice drop of brandy, and parted all very matey and reputations shimmering like haloes, though perhaps the latter usually give a more constant and steady glow.

When starting practice, it was thought prudent to have no lock or bolt on the consulting-room doors, the idea being that if ever there did occur any embroilment with an hysteric, no accusations would be likely to be taken seriously. How realistic their fancies are was brought home vividly by a young woman bursting in one day with the theme song :—" Quick Doctor, I've been raped. I'm pouring with blood!" Investigation with the precaution of a reliable chaperone did not disclose even the most physiological trace of haemorrhage, and forty years later I feel pretty sure she would qualify for a job in the Temple of Vesta. A very long rigmarole seemed to find the roots of the—shall we say—" misconception " in a belief that a young man of interest had been straying elsewhere.

It has twice fallen to my lot to see a case of—I suppose—catalepsy, the idea, if any, being to arouse attention by an inversion of the usual high-cockalorum of hysteria, to wit giving a really talented imitation of death. One of them gave such elusive signs of animation for forty-eight hours that the doctor, having tried progressively less gentle methods, became an object of derision, and as time went on, of suspicion, and a subject of some disquiet, until at last the patient, becoming tired of all abstinence, and whiffs of ammonia, responded unexpectedly to the suggestion, " Isn't it time we stopped all this and woke up?" As he often does the doctor got credit for nature's efforts. When, as sometimes, blame is undeserved perhaps the friction helps to brighten his celestial crown. Presumably behaviour of this kind is nature's method of resolving some deep-seated inner conflict ; better for all concerned than resorting to a poison pen.

Once upon a time there was a damsel, only child of her mother, and she a widow, who suddenly developed a persistently black tongue : not the pathological black and even hairy affair sometimes seen with nicotinery, and before the days of penicillin lozenges. In the night watches the doctor pondered long and often ; it was so very black. He used to have a surgery at her isolated village once a week, and could always be expected at about the same time. The arrival of his car was visible from the damsel's cottage, and he got an idea. Leaving his car quietly at the entrance to the village, he stealthed up to the cottage, and snooping through the window beheld his patient on her knees licking the back of the, as yet, cold grate ; in fact just " making up " for the drama and interest of the visit, and getting a great kick out of flummoxing the poor old doctor. This was before the days of psychoterribly, and the old man put the theatricals down to the defection of what is now called the " boy-friend "—the one thing they never are—and how dull if they were.

In that tiny village, seven miles from anywhere, with no buses then, there was no prospect of a successor, so—the black tongue. The doctor got her a job in the nearest town ; a pretty girl and roses all the way. He claims this as that incredible rarity, a cure. The foregoing is all of a piece with other artefacts. There was once a recruit who shot, absent mindedly, the finger off the wrong hand, and claimed too late to be left handed. But the queerest of all such antics was enterprise of the man, who with patience, practice, perseverance and some contortionist dexterity managed to insert a small tumbler per rectum. People certainly do take their pleasures in an extreme diversity of ways ; perhaps in this it was pride in a supreme technical accomplishment. But whatever sensations engrossed the patient, he certainly gave the doctor a headache. No prize is offered for correct solution. Internal " version " being impossible, the more " caesarian " route seemed to be called for. You *do* see life in G.P.

Among many puzzles which present themselves is why members of some families always seem to entertain complaints whose symptoms, and even signs, do not fit into any of the patterns to which experience leads expectation. When any one of them comes in, you can feel sure that whatever the trouble, the diagnosis will fail you. Which is not to say that they won't go away comforted, knowing that you always UNDERSTAND them.

Under the old " Panel " system, it was possible to discipline patients who did not obey the rules, though it was troublesome to prove it. One whom I had skiagraphed with a " Potts," went to a " bone-setter," who said there was no fracture. I got the next blow in first by accusing him of misconduct, and he was fined and suspended from all benefits for a year. It did my practice no end of good ; like weeding the garden. But nowadays there are no rules ; the customer is always right ; there are suggestions such as " send early in the day " on the medical card which few have ever read, no one need obey, and the great majority have lost anyway. Now that they are issued at birth, instead of at first employment; not many will retain touch with them by the time they can read.

The result of the foregoing is that messages are always found on returning home, to go back just where one has come from. I had five successive journeys one Sunday afternoon to a housing estate, two miles each way, none of them at all urgent. Many calls arrive per phone which certainly would not have come by a mounted messenger. The maze of regulations in which we live has rendered most folk immune, after a long period of allergy, to notices. Even a school-master will dodge round a large notice " Please see the receptionist on arrival," and be positive it wasn't there.

A G.P. cannot refuse a man a certificate of incapacity, even when it is due to his own misconduct, and he can only be disciplined by a disclosure of the whole circumstances to the lay administrative side. Well, is that ethical ? One morning in January, 1949, a young man arrived at 1 a.m. very matey (" Hello Doc," and all that), but not unpleasantly drunk. " I haven't been sleeping at all well for about six weeks, so I thought I'd look you up as I was passing on my way back from a dance and get you to overhaul me. I know you are always so busy in the daytime."

Had I kicked him where it might do most good, I would practically have had to go on all fours to Whitehall, to apologise to the Welfare State ; and bedroom slippers don't meet the case, so we started to go into things thoroughly. Emphasising the necessity for fresh air, the window, both doors, and the outside door were opened to capacity. He was stripped. Insomnia having so many diverse causes, a very thorough history was necessary, and an equally meticulous mental and physical investigation including, as the house-agents nearly say, the usual orifices. And finally, treatment. He had had enough refreshment to render unlikely manoeuvres plausible. He was allowed to resume his shirt ; trousers—no. After making intimidatory noises in the dispensary I emerged with an overall, and wielding our largest P.M. Knife. An open-ether mask failed to reassure him, though promised " it " would not hurt. Retrieving shoes and trousers he made one leap for the open door and it was then that I heard a familiar voice outside, " 'ere, wot's all this—you can't go running about in the street 'arf naked ; you'd better come see the doctor." And then a plaintive cry, " No, not the doctor, take me to the Police Station ; I'll go quietly. Not the doctor." It isn't everyone who holds the Police Station to be the haven where he would be.

The same sort of attitude to the G.P. as a public convenience seems to have originated the two following calls, both well on in the evening. The first, to go eleven miles to a child with some sort of digestive disturbance, of several days' standing, feverish and off his food. Assurance that the last item was showing nature's good sense was not favourably received. The journey undertaken revealed that what they really wanted was to know whether the kid would be well enough to go to Morecambe in three days' time, so as to cancel his seat. Playing for safety, and, we hope, without any feeling of getting our own back, the verdict was " Certainly not." Passing the house on the subsequent day in question, a visit revealed that " There's no one in there, doctor—they've all gone on the trip to Morecambe." And further, "it was a pork pie made the child ill, but of course they wouldn't own that to you."

The other call was to a woman with excruciating pain in her tummy, with unproductive nausea. She turned out to have no signs and no convincing symptoms, but her husband had overstayed his R.A.F. leave, and wanted a certificate to say she was too ill for him to return. Why send at night ? Well, to " tell the truth," he didn't think of it sooner.

At one time during the war I was blessed with a voluntary chauffeuse, adorable to view, and of a charming nature ; but innocent or insouciant, or perhaps both, to a degree beyond all credibility, and consequently a fertile source of embarrassment to others. Her generous nature, one must suppose, prevented her accepting any share of it herself. Entering a shop one day there was one lady customer, and an occupied pram. The former having taking her departure, she noticed the continued presence of the pram. Tearing down the street, " Excuse me you have forgotten your baby !" " I BEG your pardon. I'm not married !" " Well isn't it yours?"

On another occasion, with over an hour to wait between trains, on her way South, she took her picnic lunch touring the City of Birmingham on the top of a bus. Finding about half a thermos of scalding coffee surplus to requirements, she just tipped it over the side. The passer-by below was hatless and bald. Fortunately for her, she had turned on one of her most dazzling smiles for the conductor, luckily a male, thereby appropriating a fair chunk of his heart as was her habit ; so naturally he repelled boarders, saying that this was a vehicle, not a battle-ground.

But her nadir was reached at a rather formal dinner party, where to my *early* pleasure I found myself beside her at her visible best ; but I might have known. The conversation revolved for some time around the evidence found among the rubble of the seventh—or may be the seventeenth—layer of the city of Jericho to be excavated, that the collapse was due to an earthquake, and not just allergy to a bugle band. (In parenthesis, it is interesting to watch earnest believers on such occasions. They don't know whether to be pleased at the confirmation that these things did happen, or annoyed that they can appear not to have been miraculous, but due to natural causes, *cf.* the migrating quails and the sand bar in the Red Sea.)

Well, Jericho petered out, and in the ensuing pause, our little dear who had evidently been pondering the Bible story, piped up, " Uncle Q. what *is* a harlot?" It may be supposed that the mere recording of memoirs implies a certain egotism. Up to now I have made no attempt to appear clever, so I hope to be forgiven for recording with some pride my instant answer—" Frail vessels known to have been in existence in Eastern cities in biblical times, and to have occurred in Western cities in later centuries." Then, a hasty switch to discussion " Is stag-hunting cruel," which can nearly always be relied on to generate interest, if not heat.

How true it is about conscience and cowards. At a very " arty " sort of gathering there was an apparition (it could not be said that " sex raised its ugly head " and anyhow, why bother if so ugly?), but there entered one of whom I found it quite impossible to decide the sex by appearance or clothing (perhaps even without). I turned to an old friend beside me, and with a meaning leer at the newcomer, murmured " Is it a boy or a girl?" She evidently missed the leer, and no less obviously must have been thinking of something else, for she gave me one look of horror and muttered, " Oh, *Doctor*, how could you know, I've only missed two?" Next day by appointment, I was able to assure her that whether or no custom had not staled, age could and had taken a hand.

If twenty thousand G.Ps. are asked once a month to effect an abortion, (as they are), and it takes half an hour to explain ethics and the laws of adoption how many years of G.P. working hours are so occupied every calendar year? Newcomers to G.P. must be prepared ; it is startling. A variant of the above, where it was the mother who worried, led to a late evening call, eight miles, no reason given per 'phone. Arriving there, the Mother had gone out, " Not expecting you would come tonight," which at first was thought insulting, since we always do go—(Coroner-phobia)—but it turned out that the original message as it left the "horse's mouth" was " Tomorrow will do." Love of sensation habitually lends distortion. The patient had been constipated for five days, and exhibited a certain hardness in the left iliac fossa. Reassured about this, she blew the gaff, " As you are here Mother really wants to know if I am a virgin."

After looking into the matter, a certificate was presently signed, meticulously timed as at 9.27 p.m. April 23rd, and so home : but about 4 a.m. the Doctor woke with a nagging sense of something askew. With the roseate dawn came realisation that in weariness and some resentment at the sometime futility of his job, he had signed from habit on one of his private certification forms, that Miss N. or M. was " UNFIT FOR DUTY BY REASON OF ! ! ! " It made things no better when he remembered that she was dance hostess at a night club.

One of the greatest difficulties in G.P. is to relate messages to the relevant facts, and particularly which are urgent or important as distinguished from trivial. It depends entirely upon the sender's point of view, and very often on the age and literacy, if any, of the messenger. A night message to go at once (if not sooner) to a young lady, reported to be very restless, hot, and starting a rash, revealed the cause of all three indications. She was, believe it or not, under exposure for the first time to assault by *Pulex irritans*. The offender was soon trapped with a cake of soap, and the patient, never having seen that particular type of fauna before, was thrilled to be allowed to "keep" it. A firm diagnosis being imperatively demanded as to its home or origin, a lot of detection suggested it had crashed the party under cover of a pre-prandial duck. (I got a second in Biology).

Contrast with the above a breakfast-time message, kindly to call on Mrs. X. Just that ; brought by a child. The patient, a complete stranger. After a stroll round the roses with a cigarette, Mrs. X was visited, and found with a " breech " delivered as far as the neck an hour ago. You never can tell, and even the most experienced receptionists get caught sometimes. Attempts to deduce the nature of the case are quite likely to be met with, " Oh. The Doctor knows all about it," or " The Doctor *understands* Mrs. X," or even sometimes the equivalent of " Don't be a nosipaka!"

But we do get occasional fun. There are three exchanges in this area which sound so much alike in the sloppy diction of today, that the wrong one is frequently connected. It happens that we share the same 'phone number with a fashionable hotel on one exchange, and a butcher on another. So that when a particularly charming voice enquires :—" Can you let me have a room for tonight?" and is told irresistably " With pleasure ; my wife's away but I don't mind if you don't," there is plenty of room for back-chat, not without gurgles of mirth, before she is advised to spell the exchange required. And even then endeavours to identify her interlocutor have to be gently frustrated. Alternatively, " Can you let us have a nice joint for Sunday?", " Sorry, we have to incinerate ours." " Something wrong with your fridge?" " No, just not quite the thing to sell." " Not foot and mouth?" " No, just try spelling the exchange." "Are you suggesting I can't spell? Thank you I'll get my meat elsewhere." As a variant a demand for transport for a dead horse, (a bit sinister that) or, as last week, " Have you anything for the ' kennels', we are a bit short? " I have often wondered whether something cannot be done to stop the confusion and waste of time caused by that universal "hello."

A rule was made on starting practice, long before rigid officialism made it an offence to have a baby in a train, that I would never, except in real emergency, attend a confinement in a case I had not undertaken ante-natally. In a country district it is a life-saving rule, and I made a great point of it.

One Sunday afternoon an urgent call came to go about six miles to an old lady with a dreadful pain in her leg. A thorough over-haul revealed nothing significant, and I was just leaving with the instruction to send down at once for some life-saving mixture, (T.Valerian Ammoniata), when the old lady remarked that she was already feeling much better for my visit, but AS I was there would I kindly have a look at her daughter, who was not very well and in intermittent pain. I ought to have spotted from the negative findings with the old lady that there was a catch somewhere. Of course the daughter was in labour, as shouldn't be, and the mother's leg just groundbait.

They had wanted to keep it dark as long as possible, and had therefore not engaged me. But it would have been fatal for me to go back on my rule, so having satisfied myself that all was normal, I told them to send for the " gamp." I need not have bothered. She was hiding in the wood-shed. A snap diagnosis and appropriate treatment was easier in the case of Little Johnny, who " turns cold and shivery at the thoughts of school. Please come at once." Who hasn't?

Of course, in a totalitarian state, anyone who even thinks astray from the party line, is just liquidated, which saves a lot of paper work. Whether our successors move right or left, they will perhaps find amusing the elaborate controls, the hordes of clerks and the storms of " forms," which in the alleged interests of economy and correctitude, have turned most of us into black marketeers over the acquisition of a minnow, while the State may lose millions and millions legitimately over ill-conceived schemes of inexpert political pedants.

Of two patients, one was an ex-railwayman, who, afflicted with arthritis in both knees, was presented by a grateful Country with a motor car. The other, a soldier, mislaid an arm and a leg in battle, on opposite sides (of the *man* not the battle). It would be a dreadful thing if he were to get anything to which regulation failed to entitle him, so an eight-mile jouney is made at intervals to enable me to state, " I have this day seen " and " he *still* has only one arm and leg." But let it not be supposed that it stops short at that. His artificial leg makes severe inroads, say rather outroads, on his trousers and undies, so that during rationing, the clothing bureaucrats required similar certificates that he still wore an artificial leg, and hoped to continue to wear trousers. Soon after that it became necessary similarly to assure another office, that he still had only one foot, and so required half a pair of boots. And finally, a form certifying that the signature receipting for his pension was his, and he alive at the time—at any rate what was left of him. And all that repeated ad lib. Not that he is any worse off than the fishmonger who, a little short on his biology sold a hunk of whale. A fine for selling meat without a butcher's licence, a fine for keeping meat in the same refrigerator with fish, a new fridge, trouble with his men and the butchering union, alteration to his shop front etc. Further futility. What we pay taxes for!

Scene, a perfect gem of an Elizabethan cottage, recently modernised with h & c, electricity, and all proper. The beams all straight, or rather curved, from ships' timbers, and even in one place remains of an old bit of companion-way in the ceiling. Enter without preliminary or by-your-leave a paunchy official " I've come to measure the 'ouse." Expostulation useless, and temptation to remove the hook-on ladder which had just given him access to the loft, withstood with difficulty. At parting, neither sweet nor sorrow, " Well, I'm condemning this 'ere!" The owner enquired how soon she was to be turned out. " Oh, we'll build you a Council 'ouse first, and give you plenty of notice before we start to demolish." The reason for all this was that the ceiling in the ground floor was three inches below the standard height for new cottages.

The owner, aet 80, whose rule of life, which she applied to the entire village, was ' kindness in another's trouble, courage in your own,' set out to arrange to have her floor up and relaid six inches lower. Just in time arrives a circular from another Department, giving the new minimum height, six inches lower. And this saved her from imprisonment or perhaps liquidation, for it was followed by yet another, stating in appropriate officialese, that this messuage, habitation, and all that, has been scheduled as an ancient monument, and must not be—in no end of verbiage—tampered with, or even repaired, without sanction from etc. The snag about the last bit is that it is getting due for its usual half-century re-thatching, but judging by experience of our ruling class, the permission to get on with it might arrive long after it has become a ruin. But can we wonder at our taxes, when we keep one man and of course, tiers of superiors, to say a house must be demolished, a second lot to say you needn't ; and yet one more, to say " mend it (or let it come to any harm) at your peril."

The years of toil and expense involved in acquiring a degree are too often overlooked. As liaison M.O. with the local County Council during many years, it fell to me to combat the following notion. They wanted the option of securing a medical certificate as a matter of urgent priority at any time, on demand of a midwife, to state whether a house, tenement or messuage, where a confinement is imminent, is in a suitable condition to shelter the projected adventure. The fee—FIVE shillings, with mileage after two miles ! From the five shillings, offered for an immediate visit in all cases, not just when passing, deduct, say, 1/8 for practice expenses, 1/6 for unpaid mileage for up to 2 miles, telephoning the M.O.H. 10d, and from the sheer profit remaining deduct income tax, say, 6d. So you get 8d., earning in addition the lifelong hatred of the landlord if you say his house is unfit for parturition, for, after all, he insists Our Blessed Lord was born satisfactorily in a stable. They did not see anything funny or undignified in their offer ; County Councils are like that.

One other point I was able to make, in fifteen years attendance at their meetings. They were saving money by having the district nurses in the telephone directory under their surnames. Of course they were always changing. The peak of absurdity was reached when I had to ring enquiries for the number of the nurse in a neighbouring village. Enquiries rang the vicar which I ought to have thought of. Finally I made the County Council realise that in these modern days one has to know a girl very well to know her SURNAME. Somebody tittered and I was afraid that all was lost, but now they appear as " Nurses, District." A meagre harvest for so many meetings.

Country G.P. has changed beyond recognition. No longer do I break eleven springs in one Winter, as in 1918 ; nor illuminate (sic) the country-side with oil-lamps and an extraordinarily capricious acetylene beam. One is unlikely in the British Isles to have to undertake an appendix in a feather bed, nor an internal version by candle-light, with no nurse. Instead, one copes with intricacies of filling blizzards of forms beyond all belief and reason.

There are three types of private patients. The really rich ; the folk who are so busy with hard work that time is literally more valuable than money, and standing in a queue out of the question, and uneconomic ; and the independent small-shop-keeper sort of type who isn't going to be—er—" messed about " by anybody. All are dwindling.

It is a pity that the modern consultant has so little cognisance of the conditions of even comparatively civilised G.P. of today. Rarity of domiciliary consultations divorces him from knowledge of just how his patients live. This is not intended to apply locally. It isn't a bit necessary to instruct a farm-labourer, on leaving Hospital, as to which French wines will be least unsuitable for his constitution ; he won't remember. The trainee assistant scheme, honestly conducted, will undoubtedly be a great help in bridging a widening gap.

Would it be permissible, from these Northern backwoods, to comment on blood transfusions? Are they not a little fashionable? In some General Hospitals they seem, to an outside visitor, to be going on as a routine, all day and every day. In forty-five years I have seen three cases whose lives might have been saved by them. In the same time about ten have been given in the Practice, a few to save life, the rest to make operation reasonably safe. In two cases it has been possible to suspect that death was accelerated, in spite of every precaution by masters of the technique. In the same way, is it not possible for the rising generation ever to risk a clinical opinion, before every conceivable test has been performed.?

Now I have maundered long enough. It is a great life, and I have had all the luck in the world in my Partnerships (BOTH sorts), and to have got through without losing a mother or an anaesthete.

There is a chap with a scythe outside who seems to be waiting for me, and I am "grandchild-sitting" at the moment. Trouble is clearly imminent for I have just heard this awful threat—" Very well then, I'll never be your elephant's father again, not ever any more."

THE END

ANOTHER VISIT TO GERMANY

By R. NEVILLE

My plane took off from London Airport early one Saturday morning last month. After only eight minutes flight, what was described as a " slight technical fault " developed, so we had to land again. After an hour's delay, we took off in another aircraft of the same class (BEA Viscount, " Discovery Class," the world's first turbo-prop airliners, with 4 engines, 47 passengers and 5 crew). Within 100 minutes flying time we touched down at Lohausen Airport, Dusseldorf. A journey on Germany's highways by fast car to Witten in the Ruhr valley, and then I had lunch with my " contact ", one of the directors on the board of a Duisburg hospital. Steinhager is the German equivalent of " Mothers' Ruin " but stronger and with a distinct peppermint flavour. After a few of these, some Mosel wine, ham, asparagus with butter sauce, then pineapple and cream, I was ready to embrace Germany, the Germans and all that is of German origin. Lunch over, I was driven to his house. The Germans, until quite recently, have been forbidden arms of any kind. Now, this ban is lifted, and my host produced a 0.22 rifle. He set up an empty bottle at about 20 metres. He and his son had two shots each but missed. The rifle was passed to me with the comment, " Now for the ex-National Serviceman " ! When with my first shot the bottle shattered into a thousand fragments, he jumped with joy, and produced another bottle, not empty this time but labelled " Steinhager ". That evening, as is customary, " butterbrot " decked with meat or cheese was served with beer. I was halfway through one such delicious morsel when someone told me it was *raw* beef-steak paste ! I finished it somehow and then stuck to cheese. In my hotel I was amused to find rose-pink coloured paper in the toilet.

On Monday morning I was on the road to Duisburg. I dumped my baggage at the hotel and went round to the St. Vincenz Hospital. Herr Sanders was the Geschäftsfuhrer (Administrative Superintendent—not medically qualified), and he showed me photographs of the virtually completely destroyed hospital when he took over its *2* beds in 1946. Now there are *400* beds. He explained to me their organisation. Each of the Medical and Surgical blocks has a Chefarzt (honorary), an Oberarzt (registrar) and some Ärzte (housemen). Specialized blocks (*e.g.* Gynaecological) have no Oberarzt, only a Chefarzt and one houseman. Most of the nursing is done by nuns, who wear white gowns over the black robes of their order.

A *Kittel* (white smock) is worn by all the doctors while they are on duty—to go into a ward there without one would be as incongruous as to venture into a Guy's ward wearing a boiler suit. The wards are very small and bright. Large windows with gay curtains throw plenty of light on to the 4 or 5 beds in each ward. I never saw more than 6 in one room. In every room there hangs a crucifix. As the surgical patient is trolleyed to the operating theatre, one of the last things he sees before losing consciousness is a large crucifix over the doors to the theatre. When he wakes up in the ward, it is the first thing seen. Throughout the operation, a crucifix overlooks the table from a vantage-point on the wall, as a reminder, perhaps, of the ineptitude of mortal man.

I had lunch in the Kasino (mess) at the Hospital, my evening meal out and breakfast at the hotel. Meals in post-war Germany are never forgotten. The Germans are getting fat. Nothing has been rationed over there for years now, while we in England have been scraping the bones of our meagre Sunday joints. Every day is Sunday for them and they have Christmas all the year round. Another month or so and I would have come back unrecognizable.

I had a look round the X-ray Department. Screening and taking of pictures is all done by the patient's individual Oberarzt, there being no specialist staff. Developing, of course, is done by a separate team. In general, I think it is true to say that doctors are more X-ray conscious in Germany. It is certainly more satisfactory for the patient to have one clinician conducting all investigations instead of being passed from one department to another where nobody is acquainted with his case which may have certain special features difficult to explain on a slip of paper.

I spent most of my first week in the accident surgery. The first day a big policeman walked in holding his finger and looking worried. A tiny little dog worth DM. 1,200 (over £100) had bitten him in a rage. He said it was foaming at the mouth when it bit him and he wanted to know if he had contracted hydrophobia. He was given tetanus antitoxin, and the dog was to be isolated for a week, and, if necessary, killed for brain-sectioning. As it turned out, the dog was not rabid, so that the policeman did not have to go to the Pasteur Institute in Paris. In the accident room, two typists took down details on special forms direct on the machines, dictated by the surgeons while they examined the cases.

Next morning the operating list began at 7.30 a.m. and consisted of twelve patients, so that we did not finish until 1.45 p.m. There were 7 appendicectomies in a row, 2 breast operations, 2 herniorrhophies and a tendon repair in the finger of a butcher who had misjudged distances with his hatchet. The anaesthetist was a nun. Pentothal was unheard of. Evipan, produce of Germany, was always used for induction. In many cases, even for adults, ether on a Schimmelbusch mask was used throughout the operation, even for appendicectomies. Sometimes, however, a streamlined modification of Boyle's machine called the Dräger, was used.

Only the surgeon and his assistant wore hair caps and masks in the theatre. The mask covered the mouth only. Visitors were allowed to wander in and out in ordinary clothing, without masks, and when I was asked to peer into the gaping wound I did my best to hold my breath. They claimed as low a frequency of sepsis as in any other hospital. I was shocked to see the way sterile gowns were used for more than one operation, and the surgeon with blood-stained gown wandering past a trolley conveying the next anxious patient to the theatre. The operating theatre itself, like most of the rest of the hospital, was only about 5 years old. The theatre, its fittings and the instruments used, really shone. The main overhead lamp was moved automatically by pulleys at one end of the theatre.

On one occasion, the somewhat primitive anasethetic technique was revealed when a young girl of 16 screamed for all she was worth when the scapel touched her abdomen. On that occasion the nun administered a whiff of chloroform, a procedure I have never witnessed at Guy's.

One evening I took the opportunity of a few hours off to have a look round Duisburg, especially the docks. Duisburg is the largest inland port in the whole of Europe, and its canals stretch for miles. On another evening I went to a local night club called the " Bohème ". A band led by Hans Koller was playing " cool jazz ". The lighting was a subdued red colour and very modern paintings adorned the walls. There was no beer to be had here, everyone drank wine. The dancing was strictly contemporary. I soon had the general idea. It was a free-for-all. One just stood directly in front of a girl sitting at any table and gave a short bow with the heels together. If she were willing, she said nothing, but she soon had you bobbing up and down with jerky abandon, constructing ridiculous conversation the while. If she were not willing she would say she was "besetzt ", and that was that. You'd think it was so simple. I tried it. She was not besetzt or anything and we began to bob about. After I succeeded in knocking two glasses and half a bottle of wine off a table all over her dress, for the rest of the evening I amused myself by watching and listening.

In a restaurant next evening a waiter served me with some chicken, and left the rest on a plate heated by a spirit burner. He left the flame too high, and very soon it erupted. It sizzled and smoke poured from my poor chicken. I tried to turn the flame down but the mechanism stuck, and the waiter had disappeared. By now I was very hot under the collar, much to the amusement of the other diners. Finally I had to pick up the by now volcanic plate and place it on an ashtray and cool my red face in a draught of beer.

My second week was spent in the Gynaecological department. I saw many routine examinations with dilatation and curettage. There was an excision of a Bartholin's cyst measuring easily 5 inches across. One morning I was thrilled to have the opportunity to scrub up and assist in a " Kaiserschnitt " or Caesarean operation. The mother lost over a litre of blood, and finished up (2 days later) with a haemoglobin of less than 40 per cent. By complete paradox, we took on the appearance of a grotesque trio of butchers in a slaughter house. After the operation I had some coffee and a piece of black bread off an instrument trolley covered by a sterile " table- cloth " and laid for breakfast. After breakfast I checked every inch of the placenta and my breakfast stayed put.

Next morning I assisted in a total hysterectomy by the abdominal route, and a couple of days later in a prolapse of the uterus. When I arrived the houseman was a little dazed because he had been standing-in for the G.-U. houseman, and the honorary had been slinging some well-deserved but misdirected mud around. Apparently, the man on the table once had a ureteric stone. It had taken them half an hour to *find* the ureter, and when they found it, there was no stone. It transpired that the last X-ray was taken as much as 8 days previously. The poor man, after some diagnostic radiology in the theatre, was sewn up and returned to his ward, the houseman receiving the brunt of an honorary's misdirected diatribe. It was his unlucky morning because soon afterwards he gave a paravenous instead of an intravenous injection, thereby causing a lot of pain.

The woman who had undergone the Caesarean operation was to be given a blood transfusion. They had no system of blood banks, so that a direct transfer was made from donor to recipient. The professional donor received DM. 8 (about 15*s*.) for each 100 cc. of blood. His only qualifications were good general health, a negative Wasserman and, of course, the same blood group. After cross-matching, they lay side by side, the one so healthy, the other so pale. 540 cc. were transfused in less than 40 minutes, using a 10 cc. syringe as a pump. The syringe was fitted with a three-way outlet, and after every 50 cc., about 20 cc. of sterile normal saline was pushed through to " oil the works ".

Next day, I regretfully boarded my aircraft, bound for London, after completing a most interesting " busman's holiday ".

In conclusion, Germany has practically recovered from the war. She has certainly recovered far more than we have. New hospitals are being built everywhere. But there is an enormous excess of doctors in Germany. So much so that many of them are doing hard manual work for a living. Naturally, those with the highest qualifications hold the posts available. But the standard seems to be lower than in this country ; especially is this to be noticed among those qualified towards the end of the Nazi regime. They are very callous in their attitude towards their patients. If you point out to them that pain is best avoided when possible, they just laugh.

However, the great German pharmaceutical combines are thriving again, judging by the beautiful expensive presents sent out to hospital staff and doctors everywhere. And, who knows, perhaps another Von Recklinghausen or even a Robert Koch is on the way, to show the world that Germany has a very real part to play in the future of medicine and surgery.

Sixty Years Ago

From Guy's Hospital Gazette, *8th September*, 1894.

The subject of examinations is one of many aspects . . . Experience teaches us that a primary axiom in "Examinology" is that "l'examineur est ne, il ne peut pas se faire". The difference, which is manifested to candidates, between various gentlemen who hold the post of examiner is most remarkable. One can and does frame his questions clearly, lucidly, and, moreover, in Queen's English; . . . another puts question after question in a vague manner . . . A viva voce examination is somewhat like a game of whist, with more or less unknown players; every card that is played arouses inferences, which will regulate and modify the conduct of the game—nay, perhaps it would be more apt to liken it to the American national game—Poker; wherein the expert player observes, and recognises something in every change of facial expression, however fleeting. By knowing something of the personal equation of your opponent, your acumen is not so severely strained . . . It is extraordinary how readily some examiners will swim whither they are lured, and take the delicately poised bait; and how, by a little reticence, they can be struck; and how, with a few guarded diffident answers, they can be successfully landed. This is one of the only opportunities for a little sport that an examination affords: and if done carefully in well-selected cases great benefit may accrue; but it requires deft handling, or the sport may be marred. The gratification of success can, perhaps, best be compared to that felt on landing one's first salmon.

SIR FREDERIC STILL

By M. ASTON KEY, O.B.E., M.A., M.D.

It is not without diffidence that I venture to submit a brief sketch of the life-history of this outstanding Guy's man, of years gone by.

An old Pauline, and member of a family whose roots were in Cornwall, he began his university career by gaining a major scholarship in classics at Caius'. When discussing his future work with the tutor after his election, Still announced that he wished to take up medicine, and was told he must take the Classical Tripos first. This he agreed to do, and in the finals, came out senior classic but one, of his year. He then turned to medicine. My acquaintance with him began as surgical ward clerk when he was dresser under Mr. Clement Lucas in 1892. His untiring activity as a student was something he carried with him throughout life. A diligent note-taker, he condensed lectures, books and articles into useful shape and told me once he never saw a patient under any circumstances without making permanent notes of the case, and this gave him a vast amount of material from which to draw when needed.

Still's love of children and his intention to devote his practice entirely to them showed itself early. From Guy's, after a short interval which included a trip up the Amazon as a ship's doctor, he passed to Great Ormond Street, first as H.P. to Sir Thomas Barlow, and after that, was appointed Registrar. During that time I served under him as clinical clerk to Dr. D. B. Lees, in the middle nineties. Lees was an enthusiast for ice-bag treatment, and used it whenever possible, sometimes to the concealed merriment of us juniors; in fact it was commonly said that he had employed it across the loins in acute nephritis. However that may be, Still always checked any jibes by saying that he had never seen this treatment fail to benefit in Lee's hands, although Still himself never took it up strongly.

At that time, Great Ormond Street had no pathologist and at Still's request the Committee equipped a laboratory in which he worked. At Guy's he had never spent much time on bacteriology, but he quickly taught himself the fundamentals of it, and the rather abundant post-mortem material of those days enabled him to discover the disease which bears his name. From thence onwards he went from strength to strength, being appointed Professor of the diseases of children at King's College, London and Physician on the staff of that hospital, rising to the top of the profession and receiving the prizes and honours which he had so justly earned.

He took up sport in his latter years and having acquired a house with the lease of a lovely stretch of the Test, he speedily became an expert fly-fisherman. On occasion he would join me in sailing, and was thoroughly happy steering a small racing craft across the Solent with a few young folk on board. I asked him once how it was that, with his love of children, he had never married, and he told me that had I entered his rooms as an undergraduate, I would have seen on his mantelpiece the photograph of a very lovely girl. The photograph disappeared and none other ever took its place.

He was obliged to relinquish practice some little time before his last illness, but even then found time to help a young student beginning Greek, the symphony of his life thus ending—as it had begun—on a classical note. This same love of ancient literature showed itself in his later years when he taught himself Hebrew for the sheer pleasure of reading the Psalms in the original.

Still preserved the somewhat rare art of maintaining his early friendships and he certainly acted on Dr. Johnson's advice to "keep one's friendships in good repair", as was shown by the pleasure with which he used to impart news of the remaining members of our circle of fellow-students, for whom, as for many others, his life has been a grand example and inspiration.

THE COMING OF THE MILK CAN

Since we published, in our last issue, the picture of South African Guy's men at the Medical School, we have had several inquiries about the "Milk Churn". What was it ? The following account is reproduced from the Bi-Centenary Number of the "Gazette," pages 180–182, 1925.

IT was on Thursday, March 12th, 1908 that the train for Richmond steamed out of Waterloo Station laden brimful with pulsing humanity, all eager to witness the homeric struggle to be fought out on the level plains of the Old Deer Park between the respective champions of Guy's and London. In one of the first class carriages there was a cosy gathering of eighteen followers of Guy's, with the lust of battle in their souls and third class tickets in their pockets. As the train bore them westward they cheered their spirits with tribal songs, warlike and otherwise, until they were brought gently to rest at Vauxhall Station, where the engine refreshed itself with a prolonged breather.

Among the ruck of budding Æsculapes there were in this particular carriage some who were marked out from the rest by enterprise and audacity.

Norman Steffan Heegaard Warner and Reggie Crowle were two dental warriors who, besides and beyond being extractors of teeth, had all the wonderful instincts of the true collector. With them was Allan Coulter Hancock, no whit less imbued with the spirit of acquisition or the love of adventure. As time drifted peacefully by they were lured by the sunshine to leave the carriage and pick flowers if any could be found on the platform, and failing them to pick anything else that was available.

At the end of the platform, a long way off, they caught sight of a gathering of milk cans, and amongst them discerned one of a particularly aggressive aspect. There are milk cans and Milk Cans, but this one seemed to challenge and to mock.

"I am the father of all milk cans," it seemed to be saying, "and let no one doubt it at his peril."

In a flash there surged through the blood of Steffan Heegard the wild, predatory lusts of his Norse ancestors, who harried our coasts a thousand years ago and carried off what plunder was to be found. Reggie's eyes glittered, and to Allan Coulter that Can assumed a lurid red glow. In a trice the trophy was seized by the trio and borne in the direction of the open carriage when a platoon of railway minions suddenly deployed from behind the ladies' waiting room, and to intercept its removal fell upon our heroes in lusty combat. Things were looking their blackest when reinforcements poured in from all sides, and by a masterly flank attack opened a road for the captured treasure to be pushed into the carriage, followed by a mob of perspiring combatants. The train was well on the move when this was accomplished, and Vauxhall resounded with cries of despair from the railway forces and victorious taunts from our men.

At Richmond Station it was carried in the middle of a solid phalanx, that no enemy might come at it, and so to the field of play, where it was borne round in a march of triumph like the Ark before the Israelites, and all Guy's lifted up their voices and were glad.

The history of the Milk Can since then would require a special commissioner to narrate the battles it has seen, its ups and its downs, the captures and recaptures. They are beyond the province and the power of the writer, who has attempted this modest effort to place its origin on record. One may, however, look forward and imagine what a special number of the *Gazette* will be compiled on the bicentenary of the Guy's Milk Can, when every dent it carries will be the subject for an epic and every scratch a tale.

APROPOS OF EVERYTHING

Letter received by the Dental Department of the Hospital.

R.M.S. Strath****,
Straits of Messina,
17th January, 1954.

The Dental Surgeon,
Denture Dept.,
Guy's Hospital,

Dear Sir,

Enclosed herewith my card which you suggested I mail to you when homeward-bound. We are due to dock in Tilbury on January 25th, and I shall be on leave during the first or second week of our stay in port : as yet I am not sure which of the two weeks I shall be on furlough so perhaps you would be good enough to make an elastic appointment for me.

My watch-mate is an elderly character who has long enjoyed the use of a handsome set of dentures which, I believe, he had made in Swatow in the year

1924, for three Chinese dollars, eleven brass cash and a tin of soft soap. He refers to my acquisition of a dental plate as tho' great issues hung upon them and a new phase of life were about to commence . . . " ah, me bhoy, just wait until you git your false teef . . . ". He tells me that after long and highly involuntary contributions had been extracted from his pay-offs he decided that a new set of dentures were indicated (his present set have an alarming habit of rattling and the " gold " incisors require a touch-up with Brasso every now and then) so he presented himself at the Seamans Doctor but was told that dentures were very hard to come by . . .

" Dentures, my dear fella, might take years . . . terrible waiting list . . . but I could do you a nice wig at very short notice . . . "

" I don't want a bloody wig, I wants a set o' teef . . . "

" Ah but you WILL want a wig before you get your teeth . . . "

Some voyages ago he bought a parrot in Penang : a bird which appeared to have been educated in the fo'c'stles of tramp steamers, with a post-graduate course in Alcatraz . . .

" Gord'elpus, beautiful parrit, 'e was : swear, 'e knew some words wot even our Bosun did'nt know. Green, 'e was, wiv a red tail. Corled 'im Charley, I did. Many's the night at sea when me'n' Charley 'ave sat down to a tot and a chat . . . liked 'is tot, 'e did . . . rum, wiv a bit 'o sugar and 'ot water. Well, when we gits to Tilbury I puts Charley in me sootcase and orf I goes wiv 'im . . . takin' 'im 'ome to keep the Missus company w'en I'm away at sea. Also in me case I 'ave me 'alf bottle 'o rum which ole Charley is sitting on, and Gord'elpus, just as we gits near the copper on the gate Charley bursts inter song . . . singin' ' Land of 'ope and glory ' 'e was, at the top of 'is bloody voice. The copper looks at me case and sez to me, 'e sez, 'Bob', 'e sez, 'wot 'ave you got in there ? ' Inter the office we goes and the copper opens me case on 'is desk . . . up pops Charley, gives an 'iccup, looks at the copper and looks at me, wiv 'is 'ed on one side, and sez, Bob, 'e sez, 'oo is the old red-faced coot we 'ave wiv us . . . " Gord'elpus, fined two kwid, lorst me parrit and no 'alf-bottle.

Sorry, I digress from my dentures : hope I may call at your convenience early in my furlough. With thanks and good wishes, I am,

Yours sincerely,

M. G. H.

REVIEWS

The Physiology of the Mouth. By G. NEIL JENKINS, M.Sc. (L'pool) Ph.D. (Cantab.) Oxford. Blackwell Scientific Publications. *Price* 30*s*.

There is an obvious place for a serious critical work collating and evaluating the many sided research which has a bearing on the physiology of the mouth. This book succeeds admirably in filling this place. The clear, interesting accounts of calcium and phosphorus metabolism, calcification of bone and dental tissues, and the summary of the physiological factors of significance in the aetiology of caries are of special merit. The book is intended primarily for undergraduates and there is much information within it which is essential to them. The general level of the book is high so that postgraduates will find it useful in pursuing their studies but perhaps of more importance, they will see where further research is required and how to avoid many of the pitfalls of the subject.

At the end of each chapter there is a list of references giving access to the literature. It might be more useful if these references were more specifically quoted in the text. The chapter on the formation and calcification of dental tissues could be improved by including extra diagrams.

This is a serious book for serious readers which a student may with advantage buy early in his career with the realisation that parts of it will be beyond his appreciation at the outset. Reference to any chapter can hardly fail to stimulate thought in those interested in the structures of the mouth.

J.N.H.

Textbook of Medical Treatment. Sixth Edition. By D. M. Dunlop, L. S. P. Davidson and Sir John McNee. 1023 pages. E. & S. Livingstone, Ltd. *Price* 50*s.*

Some may feel that there is little place for a textbook devoted to medical treatment. There is no doubt however that treatment is difficult to learn as an undergraduate and only when faced with direct demands of a patient does the practitioner begin to learn the art. It is for him and his more experienced senior who seeks fresh ideas that the present well tested volume, now entering its sixth edition, is of greatest value.

The authors have maintained their high standard of presentation. Many alternative treatments are given and most important practical details are explained in full. The section on infectious diseases is especially helpful. Those who administer vitamins *ad lib.* should read the section on nutrition.

New sections include; Chemotherapy; Rehabilitation; Poisoning; and Care of Old People, the latter giving invaluable advice on this ever increasing problem.

Entire agreement with all treatments is unlikely, but there are few serious criticisms. It might well be exasperating to find that no section deals with the treatment of poisoning with the Fungi, and it is sad to see that Simmonds' disease is still confused with Anorexia Nervosa.

The book is thoroughly recommended. Students would do well to borrow a copy, practitioners should own the latest edition.

T.R.L.F.

Nursing and Treatment of Acute Anterior Poliomyelitis. By Gladys M. Hardy. Faber & Faber Ltd. *Price* 5*s.*

A textbook on the modern methods of treatment and nursing care of poliomyelitis is long overdue and it is disappointing that this little book, although full of useful explanatory detail has not been better presented.

Although the type is clear and easy to read, the diagrams are poor, shading used without good effect and few captions used. More information about physiotherapy would have been helpful.

Above all the whole book is written in a negative vein and would hardly encourage the right attitude to be taken by the student nurse. For example " Pressure areas quickly develop bedsores should paralysis occur, even if these areas are neglected for only a short period."

" Unfortunately, infection of the bladder especially in the female can seldom be avoided, once catheterisation is commenced."

It is unfortunate that certain expressions have been used such as " otherwise panic might occur, if it were found that the machine could not be properly closed."

In spite of this I think the information presented should prove to be of value to most nurses, few of whom in a general hospital have the opportunity of gaining adequate experience in this specialised branch.

E.W.

CORRESPONDENCE

Letters to the Editor of the Gazette

Would the Gentleman . . . . ?

SIR,—One month ago I lent a Parker pen to a student who was sitting by me in the College reading room. When I left I forgot to take my pen with me, and on returning half an hour later the borrower had left.

My notice on the boards has met with no result so far, but I am sure it has been overlooked, and that the gentleman in question—whom unfortunately I do not remember—will return it to me in due course via the Medical School office. I should be most grateful to have it back again, we got on well together.

Yours etc.,
P. J. McGREGOR.

The Eclapse

SIR,—I was most interested in Mr. W. Z. Smith's letter in which he claims that natural phenomena are better seen from an inverted posture.

My brothers and I have always taken up this position and it surprised us when Homo Sapiens adopted an upright posture some 100,000 years ago.

To us it was a retrograde step and we have always felt sorry to see man going through life without knowing the supreme enjoyment of viewing the world upside down.

Recently we have noticed a tendency to envy our lot (Gilroy 1953. Guinness Advert.) and we welcome Mr. W. Z. Smith's letter in the hopes that it will bring enlightenment to the human race.

Yours etc.,
A. KINKAJOU.

SPORT

GUY'S HOSPITAL CRICKET CLUB

AVERAGES, 1954

Batting: Qualification 5 Innings

	I.	N.O.	Runs	H. Score	Av.
M. Mackenzie	21	6	716	100*	47.73
N. Cooke	23	1	907	142*	41.23
D. Atkinson	18	2	498	104	31.12
M. Chignell	7	3	113	39*	28.22
W. Howells	15	1	384	88	27.42
R. Gibbons	7	—	179	62	25.57
D. Tunnadine	10	1	190	63	21.11
R. Enfield	12	2	171	53*	17.10
A. Gunn	18	4	233	40*	16.64
A. Cahill	7	3	64	16*	16.00
M. Williams	18	3	232	38	15.46
F. Young	17	4	168	51*	12.92
M. Willis	14	4	120	32	12.00
W. Knapman	23	1	211	26	9.59
D. Lipington	7	—	63	27	9.00
M. Lyon	7	1	41	34*	6.83
R. Owen	7	3	26	11	6.50

Also batted:—

F. Trist, 5, 9, 1* 39*.
N. Crabtree 0, 0, 4, 0.
H. Bissoon-Dath, 0, 1, 63*, 7
R. Paul, 37, 17, 0.
D. Wooding, 2, 11*.
B. Holmes, 0, 0.
J. Millar, 5.
J. Gornall, 13
D. Montgomery, 2*.
D. Laney, 4.
D. Lawrence, 4.
M. Dunstan, 1.

Bowling: Qualification 10 wickets

	O.	M.	R.	W.	Av.
N. Cooke	119	29	298	22	13.54
M. Lyon	210	59	537	38	14.13
F. Trist	57	16	147	10	14.70
D. Atkinson	149	33	449	28	16.03
M. Willis	231	45	683	42	16.28
M. Mackenzie	277	58	887	45	17.11

Also bowled:—

A. Gunn	46	4	182	8
H. Bissoon-Dath	23	3	80	5
R. Owen	26	0	84	3
M. Williams	10	2	44	3
W. Knapman	31	3	127	3
B. Holmes	14	4	35	2
D. Tunnadine	8	3	13	0
D. Rosair	4	1	7	0
J. Gornall	7	0	34	0

Best Batting Performances

N. Cooke	142 *v.* Eltham Strollers
D. Atkinson	104 *v.* St. Bart's H. 100* *v.* Wanderers
M. Mackenzie	100* *v.* Rabbits
N. Cooke	96 *v.* Middlesex H.
W. Howells	88 *v.* Basingstoke
N. Cooke	82 *v.* St. Mary's H.

Best Bowling Performances

N. Cooke	5 for 16 *v.* Wanderers
D. Atkinson	5 ,, 21 *v.* Middlesex H.
F. Trist	5 ,, 23 *v.* Wraysbury
M. Lyon	5 ,, 27 *v.* Nigerians
M. Mackenzie	4 ,, 21 *v.* Old Palmeterians

Cup Averages

Batting:	I.	N.O.	Runs	H. Score	Av.
M. Mackenzie	6	2	210	63	52.50
N. Cooke	6	0	266	96	44.33
D. Atkinson	6	0	246	104	41.00
W. Howells	4	0	115	56	28.75
A. Gunn	5	1	51		12.75
D. Tunnadine	5	1	30		7.50
W. Knapman	5	0	30		6.00

R. Gibbons, 23, 55.
F. Young, 10, 3, 8.
M. Willis, 6*, 0*, 2*.
M. Lyon, 2, 4.
D. Lipington, 14.
M. Chignell, 9.
H. Bissoon-Dath, 7.
M. Williams, 0.

*Not Out

Bowling:	O.	M.	R.	W.	Av.	
D. Atkinson	63	18	164	18	9.11	N. Cooke
M. Willis	56	16	119	8	14.37	A. Gunn
M. Lyon	80	25	162	11	15.63	H. Bissoon-Dath
M. Mackenzie	78	24	205	9	22.77	W. Knapman

Highest Wicket Partnerships

1st Wkt.	47	Cooke and Lipington *v.* Stoics Cooke and Knapman *v.* Wimbledon Cooke and Howells *v.* St. George's College
2nd „	97	Cooke and Tunnadine *v.* Bognor Regis
3rd „	140	Cooke and Tunnadine *v.* Eltham Strollers
4th „	115	Atkinson and Mackenzie *v.* St. Bart's H.
5th „	121	Cooke and Mackenzie *v.* Middlesex H.
6th „	100	Young and Gibbons *v.* Bognor Regis
7th „	68	Gibbons and Howells *v.* St. Mary's H.
8th „	38	Chignell and Young *v.* Orsett
9th „	50	Bissoon-Dath and Gornall *v.* Ashford
10th „	66	Lyon and Willis *v.* Nigerians

Other Century Partnerships

111	Howells and Mackenzie *v.* Basingstoke
114	Cooke and Mackenzie *v.* St. Mary's H.

Catches:

Howells	14	Willis	3
Gunn	12	Williams	3
Mackenzie	8	Enfield	2
Knapman	7	Cooke	2
Young	6	Bendall	1
Tunnadine	6	Lipington	1
Bissoon-Dath	5	Millar	1
Atkinson	5	Tyrer	1
Owen	5	Laney	1
Chignell	4	Lawrence	1
Gibbons	3	Montgomery	1
Cahill	3		

Percentage of Wickets taken:

43.8% caught
37.3% bowled
11.5% l.b.w.
3.5% run out
2.6% stumped
1.3% hit wicket

Summary:

1.5.54	Orsett	Drawn	6.6.54	Dulwich Hamlet	Won by 6 wkts.
2.5.54	Old Westminster C.	Drawn	7.6.54	Crofton Park	Drawn
5.5.54	Wanderers	Lost by 1 wkt.	25.6.54	Middlesex H.	Drawn
8.5.54	Honor Oak	Lost by 100 runs	3.7.54	Wraysbury	Lost by 14 runs
9.5.54	Ashtead	Won by 5 wkts.	4.7.54	Streatham	Drawn
12.5.54	Westminster H.	Won by 6 wkts.	7.7.54	Nigerians	Won by 31 runs
15.5.54	Wadham College	Won by 7 wkts.	9.7.54	Middlesex H.	Won by 4 wkts.
16.5.54	Ashford	Lost by 3 wkts.	10.7.54	R.N.V.R.	Won by 5 wkts.
19.5.54	Stoics	Drawn	11.7.54	Rabbits	Drawn
22.5.54	Wimbledon	Drawn	18.7.54	Casuals	Drawn
23.5.54	Eltham Strollers	Drawn	30.7.54	Basingstoke	Drawn
30.5.54	St. George's College	Lost by 2 wkts.	1.8.54	Bognor	Drawn
3.6.54	St. Bart's H.	Won by 131 runs	3.8.54	Merstham	Won by 2 wkts.
5.6.54	Old Palmeterians	Drawn	4.8.54	St. Mary's H.	Won by 7 runs

Played 28 Won 10 Lost 5 Drawn 13

GUY'S HOSPITAL RUGBY FOOTBALL CLUB

Fixtures 1954-55.

1st XV.

Date	*Ground*	*Opponents*
Sept.		
11	Shelford	Shelford
18	H.O.P.	Catford Bridge
25	Blackheath	Blackheath
Oct.		
2	H.O.P.	United Services, Portsmouth
9	Aberavon	Aberavon
16	Bedford	Bedford
23	H.O.P.	Plymouth Albion
30	Croydon	Old Whitgiftians
Nov.		
6	H.O.P.	Old Blues
13	H.O.P.	Birkenhead Park
17	Cambridge	Cambridge University
20	Richmond	Rosslyn Park
27	Coventry	Coventry
Dec.		
1	H.O.P.	University of London
4	Llanelly	Llanelly
11	H.O.P.	Old Cranleighans
18	H.O.P.	Moseley
1955		
Jan.		
1	Croxley Green	Old Merchant Taylors
8	Sudbury	Wasps
15	H.O.P.	Old Millhillians
	Cardiff	WALES *v* ENGLAND
22	Devonport	Devonport Services
24	Paignton	Paignton
29	Imber Court	Metropolitan Police
Feb.		
5	H.O.P.	Coventry
12	Dulwich	Old Alleynians
	Dublin	IRELAND *v* ENGLAND
19	H.O.P.	Aberavon
26	Exeter	Exeter
	Twickenham	ENGLAND *v* FRANCE
March		
5	H.O.P.	Nuneaton
12	H.O.P.	London Welsh
19	Gloucester	Gloucester
	Twickenham	ENGLAND *v* SCOTLAND
26	H.O.P.	London Irish
April		
2	Richmond	Richmond
9	EASTER	

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

September 1*st*, 1954

Assistant House Surgeons

To:	
Mr. Blackburn	Mr. B. H. B. Robinson
Mr. Lawrie	Mr. A. Robinson
Mr. Glover	Mr. D. K. Fairweather

Appointed for 6 *months, the first* 3 *months as A.H.S.*

Mr. Brain	Mr. N. A. G. Leadbeater

3 *months*

Assistant House Physicians

To:	
Dr. Douthwaite Dr. Hardwick and Dr. Bishop	Mr. D. N. Whitmore

To:	
Dr. Boland Dr. Baker and Dr. Houston	Mr. J. P. A. Weaver

Appointed for 6 *months, the first* 3 *months as A.H.P.*

To:	
Dr. Hampson Dr. Kauntze and Dr. Grant	Miss B. A. M. Allen

3 *months*

To:	
Dr. Mann Dr. MacLean and Dr. Campbell	Miss B. K. Oliver

Appointed for 6 *months, the first* 3 *months as A.H.P.*

Out Patient Officers

Miss J. E. Banbury Mr. P. R. Lyon Mr. O. Morton Miss S. Mullally Mr. E. E. D. Tomlin	3 *months*

House Surgeons

To:		
Mr. Massie	Mr. D. E. Tunnadine	6 *months*
Mr. Eckhoff	Mr. J. C. C. Kendall	3 *months*
Mr. Atkins	Mr. J. W. Goodfellow	6 *months*
Mr. Wass	Mr. C. Bishop	3 *months*

House Physicians

To:		
Dr. Douthwaite Dr Hardwick and Dr. Bishop	Mr. E. Moran	6 *months*
Dr. Boland Dr. Baker and Dr. Houston	Mr. R. W. Edmonds	6 *months*
Dr. Hampson Dr. Kauntze and Dr. Grant	Mr. R. W. P. Yates	3 *months*
Dr. Mann Dr. MacLean and Dr. Campbell	Mr. J. R. Rees	3 *months*

Resident Obstetricians

1.5.54—31.10.54	Mr. A. S. F. Butcher
1.7.54—31.12.54	Mr. I. C. Fuller
1.9.54—28.2.55	Mr. P. J. Frost
1.11.54—30.4.55	Mr. R. G. Orr

Ophthalmic House Surgeon

(Non-Resident)
Mr. S. Ahmad

Throat and Ear House Surgeons

Mr. K. A. Hillard	3 *months at Orpington*
Mr. O. H. Shaheen	3 *months at Guy's then* 3 *months at Orpington*

Dermatological House Physician
(Non-Resident)

Mr. W. P. N. Moore	3 *months*

Genito-Urinary House Surgeon

Mr. N. C. Brooks	3 *months*

Neurological House Physician

Miss M. J. Purser	6 *months*

House Surgeon to the Thoracic Unit

Mr. R. Y. Calne	3 *months*

Children's House Physicians

Mr. D. Harris	3 *months*
Mr. M. R Alderson	6 *months*

House Physicians to the Department of Medicine and Resident Junior Clinical Pathologists

Mr. W. S. Lund	3 *months*
Mr. J. T. N. Williams	6 *months*

House Physicians in the York Clinic

Mr. I. P. James	3 *months*
Mr. L. J. Bishop	*To* 30.11.54

Resident Anæsthetists

20.3.54—19.9.54	Miss J. E. Brett
7.7.54— 6.1.55	Mr. J. H. Kerr
20.9.54—19.3.55	Mr. P. G. Dunbar

R.M.O.'s in Nuffield House

18.3.54—17. 9.54	Mr. P. G. Dunbar
8.4.54—7. 10.54	Mr. D. A. F. McGill
18.9.54—17. 3.55	Mr. D. R. Pugh

Orthopædic House Surgeons

(*For duties at Orpington and Guy's*).

Mr. D. L. Smithson	3 *months*
Mr. M. W. Potts	3 *months*

LEWISHAM HOSPITAL

House Surgeon

Mr. J. H. Hunt

ST. JOHN'S HOSPITAL, LEWISHAM

Casualty Officer

Mr. R. O. Selby

QUEEN MARY'S HOSPITAL, SIDCUP

House Physician

Mr. R. M. Stewart

JOYCE GREEN HOSPITAL

House Surgeons

Mr. J. B. Pond
Mr. G. Gover

SOUTHERN HOSPITAL, DARTFORD

House Physician

Mr. A. G. Spooner

ORPINGTON HOSPITAL

House Surgeon

Mr. A. S. Valentine

GUY'S HOSPITAL

DENTAL HOUSE SURGEONS

August 8th, 1954 to February 7th, 1955.

General Duties: Mr. J. P. Warren; Mr. J. J. Hall; Dr. H. D. A. Hope; Mr. L. J. Glowrey.

Children's Department: Mr. J. C. Stephenson.

SERVICES

Territorial Army

Major F. J. H. Edmonds, T.D., R.A.D.C. (T.A.), promoted to Lieut.-Colonel, July 14th, 1954 and remains attached to 10 (London) General Hospital, R.A.M.C. (T.A.).

APPOINTMENTS VACANT

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the appointment of **Junior Lecturer in Pharmacology.** Duties to commence as soon as possible. Salary on the scale £600-£750 with superannuation and family allowances. Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Medical School, S.E.1 not later than the **24th September, 1954.**

Applications are invited for the appointment of **whole-time Research Fellow in the Cardiac Department of Guy's Hospital** to work primarily on the problems of heart disease with special reference to surgical treatment. The work would include the clinical aspects and previous clinical experience and a higher qualification would be an advantage. Salary within the range £700 to £1,000 per annum, according to qualification and experience. The appointment would be for one year in the first instance with duties starting on 9th December, 1954. Applications with the names of three referees should be sent to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later **than 15th October.**

Appointments are invited for the appointment of **whole-time Research Fellow in the Cardiac Department of Guy's Hospital** to carry out physiological and clinical investigations into congenital heart disease. The work would include the clinical aspects and previous clinical experience would be an advantage. Salary within range £700 to £1,000 per annum, according to qualification and experience. Tne appointment would be for one year in the first instance with duties starting on 9th November, 1954, or as soon as possible thereafter. Applications with the names of three referees should be sent to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **15th October, 1954.**

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates :

1 line 6s., 4 lines 20s. Box Numbers 9d. extra.

Replies to Box Numbers should be addressed to " Gazette " Office, Guy's Hospital, London, S.E.1

Wanted

FLAT required (Self-contained, London) 2 Bedrooms, usual offices. Box 82.

For Sale

STACK-a-BYE Chairs (19) brown/cream, all metal, excellent condition, ideal waiting room. Offers. Box No. 63.

STUDIO-COUCH. Good condition. View Borough £15. Box No. 64.

GUY'S HOSPITAL DENTAL SCHOOL

Newland Pedley Medal and Prize for Operative Dentistry

Medal and Prize	I. M. Hauldren
Certificate	J. C. Stephenson

Prize in Children's Dentistry including Orthodontics

Prize	C. P. Briggs
Certificate	J. J. Hall

Prize in General Subjects

Prize	J. N. James

Prize in Special Anatomy and Physiology

Prize	B. S. Cryer
Certificate	P. A. S. Lavelle

David Frank Sturdee Prize for Dental Prosthetics

Prize	D. E. Rees

Final Year Prize

Prize	B. C. Rich
Second Prize divided between	G. W. Cowley C. J. Wilkinson

CHANGES OF ADDRESS

M. F. Dixon, L.D.S.R.C.S., Skelding, Meadow Close, Tongdean Road, Hove, Sussex. (Tel. Brighton, 54689).

J. Ernsting, B.Sc., M.B., B.S., 5 Portesbury Hill, London Road, Camberley.

J. Fine, M.R.C.S., D.Obst., R.C.O.G., 20 St. Stephens Crescent, Brentwood, Essex.

J. C. Houston, M.D., M.R.C.P., 16 Hocroft Road, N.W.2 (Tel.: Hampstead 3434).

BIRTHS

BODMAN.—On 14th January, 1954, at Spruce Grove, Alberta, Canada, to Doreen (née Thornton), wife of James Mail Bodman, a son (Peter), a brother for Jane and David.

HOLMES.—On 4th August, 1954, at Nuffield House, Guy's Hospital, to Joan (née Quiddington, M.C.S.P.), wife of Joseph M. Holmes, M.D., M.R.C.O.G., a daughter (Jennifer Hilary).

KAPFF.—On 6th August, 1954, to Margaret (née Ellingworth), wife of Peter Kapff, M.B., B.S., a son (Richard John).

LARGE.—On 7th August, 1954, in Durban, to Susan (née May), wife of Paul Large, M.S., F.R.C.S., a son (Peter Francis).

ROWE.—On 29th July, 1954, at King's College Hospital, to Patricia (née Flett), wife of A. H. R. Rowe, B.D.S., F.D.S., a brother for Paul (Timothy David).

SUNAWAY.—On 15th July, 1954, at the Ipswich Maternity Home, to Jill (née Canham), wife of Keith S. Sunaway, L.D.S.R.C.S., a daughter (Nicola Grace).

WHITE.—On 30th July, 1954, at Leigh, Essex, to Micheline (née de Groote), wife of Christopher W. White, L.D.S.R.C.S., a son (Gaetan Anthony).

MARRIAGE

LONDON—ANDERSON.—On 17th July, 1954, at Hounslow, Midd'x, David London, L.D.S.R.C.S., to Daphne Mary Anderson.

Eds. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVIII No. 1726 18th September 1954 One Shilling

PASSIM

De Mortuis . . . . .

ON the face of it there would seem to be little in common between the Rev. Patrick Brontë and Mr. Ted May. A hundred years and twice that number of miles separates Haworth parsonage from Kingsley Avenue, Dartford. Ted, the aspiring Channel swimmer whose gallant, if irresponsible, attempt to conquer its hazards alone ended in tragedy the other day, and Patrick, the stern, humourless incumbent of a lonely Yorkshire parish whose sole claim to fame rests upon the enduring literary genius of his daughters—what greater contrast could there be ?

Yet by a coincidence the story of their lives was told in the Sunday newspapers this week, and they were brought together for the first, and doubtless the last, time. "So the Rev. Patrick Brontë," wrote Mr. Somerset Maugham in the *Sunday Times*, "having buried his wife, her sister and his six children, was left to eat his dinner alone in the solitude he liked, walk on the moors as far as his waning strength permitted, read the papers, preach his sermons and wind up the clock on his way to bed . . . . He died at Haworth at the age of eighty four." Mrs. Florence May wrote about her husband in the *News of the World*, " . . . . after the war I didn't see much of him. He had all sorts of jobs because he wasn't the settling type . . . . He paid the rent and sent us money, but he just wasn't a home loving man and that's all there is to it."

Patrick buried his wife and six offspring among whom "galloping consumption" exacted its unhindered toll. Ted left a wife and nine children protected, in so far as state medicine and insurance will allow, from the full impact of untreated disease, yet destitute. "It is true," said Florence May, "that we are left with nothing." No doubt her literary effort last Sunday has helped to tide the family over.

One cannot press contrast or similarity to extinction. These two men, their lives, their families, their story—even the Sunday newspapers in which their tale is unfolded, are different. Yet in so far as their record is tabled on the same day each outlines the other. When difference becomes profound the whole picture re-appears in view for it is easier to appreciate extremes than to understand, in a thought, the nuances of near identity. That a working man in the days of *Wuthering Heights* should attempt publicity and hope of financial gain by swimming the Channel alone (for such, it seems, was the purpose of Ted May's unhappy enterprise) was not to be contemplated. The eyes of the world a century ago were not dazzled by such exploits. Discovery : empire : social reform : the ambitious projects of the

Prince Consort : the Great Exhibition and the *Great Eastern* were the topics of conversation in drawing room and parlour. Since the days of Drake individual exploit had been gradually submerged in mass enterprise, for personal achievement played a minor part in a Victorian world where social insurance and state medicine had not yet brushed poverty and hopeless squalor aside.

Today that is changed. The whole juggernaut of social service and humanitarian design is dragged out when disaster threatens the individual, however irresponsible and intrinsically worthless his enterprise may be. Rescue parties, planes, coastguards and the 98 vessels which traversed the Channel that day were all enlisted to search for Ted May. The sum total of human effort expended was considerable. Had his labours been rewarded with success there would have been no account for expenses served upon him at Kingsley Avenue, though no doubt the publicity he desired would have lined his pockets well. But Ted May—a gallant swimmer—is dead. Florence May writes in the paper, and nine children wait at home for the father who will not return. One is left asking when such tragedies will end. Patrick Brontë's world had a stability of purpose which seems to evade us today.

At this time each year we say farewell to our visitors from other medical schools in America and in this country. We hope that they have enjoyed their stay here and that they will perhaps take away some of the affection for Guy's that is held by all Guy's men.

We also say a temporary farewell to those members of the Staff who are going abroad this year.

Mr. S. H. Wass and Dr. Christopher Hardwick are both visiting the Johns Hopkins under the exchange scheme and they will be away until November. Drs. T. R. L. Finnegan and J. D. Williams are also going to the States on study leave. We wish them all an enjoyable stay and a safe return.

We note with interest that two well-known old Guy's men Mr. A. R. Clark and Dr. C. H. C. Toussaint, ex-Editor of the *Gazette*, left London on 3rd September for a three weeks' visit to Russia. They are members of a party of doctors who are making this visit under the auspices of the medical section of the Society for Cultural Relations with the U.S.S.R. The party includes many eminent physicians and surgeons from all branches of the profession.

We congratulate I. D. Hudson of Guy's and his merry men of The United Hospitals' Athletic Club on their recent splendid performance in the City Charities Athletic Contest. Four of the competitors were from Guy's and an account of the Meeting is published on page 378. It is very gratifying that the U.H.A.C. Team should be captained by a Guy's man this year when the team has won the shield for the first time since 1926.

The end of the holiday season is in itself a distressing event.

However, it has its compensations. One of these is undoubtedly the return of Surgical Departmental and Medical Combined Rounds. The first Surgical Round after the summer's quiet was conducted on Saturday, 11th September, by Mr. Norman C. Lake of the Charing Cross Hospital. Mr. Lake's round was a model of what such functions should be. It was instructive, it was concise and it was extremely entertaining.

The Medical Combined Rounds start on Friday, 1st October, and we have no doubt that they will live up to the high standard of those of previous years. For the awed lesser-fry those battles of the Titans which are such exhilarating and frequent occurences are the nearest thing that Guy's has to a contest of gladiators.

We understand that the ramp outside Hunt's House is proving very useful. If the mine outside *Ruth* ward becomes productive, it will even do for the carriage of uranium to the safes in the Radiotherapy Department.

GUY'S DIARY

SEPTEMBER			Exhibition. Department of Surgery. *Haematemesis.*
20th	M	1.00	Mr. R. H. F. Brain. Clinical Lecture. *Surgical Nutrition in the Pre-Operative Period.*
23rd	Th	1.00	Dr. Christoper Hardwick. Clinical Lecture. *Small Intestine Insufficiency.*
24th	F	1.30	Dr. W. N. Mann. Clinical Lecture. *Asthma.*
25th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre. Rugby 1st XV *v.* Blackheath (Blackheath).
27th	M	1.00	Mr. Patrick Clarkson. Clinical Lecture. *Preservation of Life in Severely Burnt Patients.*
OCTOBER			Exhibition. Department of Surgery. *Bone Tumours.*
1st	F	2.15	Combined Round. Pre-Clinical Classroom.
2nd	S		Rugby 1st XV *v.* United Services, Portsmouth (H.O.P.).

Sixty Years Ago

From Guy's Hospital Gazette, 22nd September, 1894.

The *Guy's Hospital Gazette* is the journal of the Pupils' Physical Society and is conducted by a committee of publication under the chairmanship of J. H. Targett, M.S. A Student member of the Committee is elected by them to act as sole and responsible Editor during such time as the Committee may please. The publication is a fortnightly one and the present issue only is enlarged to forty pages. The first number was "launched" on 1st October, 1872 and the *Gazette* is thus entering on its twenty-third year of existence. It was the first Students' journal ever published in this country and, as far as can be ascertained, is the oldest in the world.

OBITUARY

CECIL HEWITT ATKINSON, *M.C.*, M.R.C.S., L.R.C.P.

Dr. Cecil Hewitt Atkinson, *M.C.*, M.R.C.S., L.R.C.P., aged 60 years, died in Nuffield House on August 31st after a long and tiring illness.

He came to Guy's as a first year medical student from Haileybury College in January 1913. He had passed his 1st M.B. London and the 1st part of the 2nd M.B. when war broke out. He immediately joined the R.F.A. and was gazetted as a 2nd Lt. He had a distinguished military career in France, obtaining the Military Cross with two bars, a rare honour, and he finished the war with the rank of Major, in command of a battery of Field Howitzers. He returned to Guy's in May 1919 and qualified in January 1923. He immediately started a panel practice in Stainer Street, behind the College, which rapidly grew in size, and very soon he was able to take rooms in Grosvenor Street and lay the foundations of his successful West End practice. Within a few years he was able to dispose of the Borough practice and move his family up to Grosvenor Street. There his practice prospered and later he moved to Green Street, Park Lane, where he practised until his death.

As a result of a shooting accident he lost an eye, but despite this and other disabilities he was clamouring for war service again as soon as the war started in 1939. He was gazetted as a Major in the R.A.M.C. and was working in a hospital in Boulogne from which the staff narrowly escaped at the time of Dunkirk. He served for a short time in England but this was not to his liking and he was invalided out of the service in October 1941.

On his return to practice he found his house in Green Street occupied by the American Army and most of his patients had left London. Nothing daunted he bought a small practice in Flackwell Heath, near Bourne End, and rapidly built it up so that towards the end of the war he was able to take in a partner and eventually hand over the practice to him. In the meantime he had been keeping in touch with his West End patients by coming up to town one day a week and, as soon as he could get possession of his Green Street house, he returned to London to build up the practice once more.

As his life story shows, he was a man of restless energy, always striving after something further, never defeated. His first thought was always for his patients and there must be many in his different practices who will mourn his loss.

He leaves a widow, two daughters and a son, a student at Guy's who carries on the family tradition. Our sincerest sympathies go out to them in their great loss.

W.D.D.

ARNIM FITZWILLIAM HORATIO STEWART, M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H., D.C.H.

Dr. Stewart who was Senior Medical Officer of Health, Trinidad, and Acting Deputy Director of Sanitary Services in that Island, died on the 22nd June, 1954. His health had not been good for nearly five years but he worked nearly to the end of his days. He qualified at Guy's in 1926, gained a London D.P.H. in 1938 and, as recently as 1949, he was back in this country working for his D.T.M. & H. and his D.C.H. We offer our deepest sympathy to his wife in her sad bereavement.

CHRISTMAS CARD COMPETITION

The prize of Five Guineas for a Christmas Card design has been awarded to:

Miss Mary Newland, 43, Barnfield Wood Road, Beckenham,

whom we congratulate on an attractive and topical design. It will be used in our Christmas card selection this year.

GUY'S HOSPITAL BIENNIAL DINNER, 1954

To be held in the Grand Hall, Connaught Rooms, Great Queen Street, Kingsway, W.C.1, on Friday, 1st October, at 7.0 for 7.30 p.m. The Chairman will be Philip Turner, Esq., M.S., F.R.C.S., Consulting Surgeon to the Hospital. The Hon. Secretary is particularly anxious that the function this year shall be an outstanding success and appeals to all old Guy's men and women who have not yet replied, to send in their applications for tickets (25s. each) without delay to O. Gayer Morgan, Esq., M.Ch., Hon. Secretary, Biennial Dinner, Medical School, Guy's Hospital, S.E.1 (Tel.: HOP 3500, Ext. 383). The following acceptances (name and year of qualification) have been received in addition to those published in the last issue of the *Gazette*.

Alderman, E. W. R.	1944
Allen, C.	1926
Apergis, H. D.	1917
Batty-Shaw, A.	1945
Bensted, J. P. M.	1945
Bigby, W. L. M.	1928
Blockley, C. H.	1939
Boswell, P. R.	*1914*
Bowles, V. H.	1938
Brattle, C. C.	1922
Brice, J. G.	1949
Brown, A.	1944
Brown, T. F.	1909
Buxton, J. D.	1943
Carnegie, D. M.	1943
Carton-Kelly, P. S.	1948
Channing, G. H.	1940
Clark, J. V.	1935
Clogg, D. S.	1929
Cole, C. K.	1939
Corfe, F. N.	1932
Cox, A. G. Charlton	1940
Crabtree, J. W. A.	1942
Craigen, A. A.	1948
Crawshaw, P. F. A.	1952
Davies, P. M.	1937
Dhenin, G. H.	1942
Dingemans, G. A.	1932
Doherty, W. D.	*1920*
Fawkes, R. B.	1923
Finnegan, D. P.	1942
Fourman, P.	1941
Franklin, J. B.	1938
Gardiner, P. A.	1937
Garnett, A. T. G.	1931
Glover, F. N.	1939
Glover, F. S.	1910
Hawkins, C. F.	1916
Hopkins, J. L.	1926
Houston, J. C.	1939
Hudson, W. F.	1927
Hunt, J. N.	1940
Hutchings, D. B.	1923
Kendall, J. C. C.	1951
Kidner, C. H.	*1916*
Kilpatrick, F. R	1933
King-Turner, Miss E. A.	1953
King-Turner, G. E.	1929
Kirkman, A. H. B.	1899
Kirkpatrick, W. R.	1925
Lewis, T. L. T.	1942
Lomax, P. H.	1932
Mant, K.	1943
Marks, M.	1943
Marsh, S. A.	1943
Martin, J. A. M.	1950
Morris, I. B.	1928
Muirhead, H. C.	1931
Nicholson, N. G.	1946
Northfield, D. W. C.	1925
Ogilvie, Sir Heneage	1913
O'Keefe, J. P.	1938
Palmer, M. S. Morton	*1941*
Parker, J. A. R.	1947
Parson, J. V.	1953
Parsons, K. O.	1924
Pegum, J.	1943
Pentney, B. H.	1944
Plowman, R. D.	1939
Price, T. M. L.	1939
Rawlings, K. O.	1940
Reid, R. G.	1932
Riddolls, A. W.	1925
Robertson, J. M.	1930
Rowlatt, B.	1941
Sawday, A. E.	1919
Scholefield, B. G.	1924
Schollum, J. W.	1926
Scott, E. D.	1913
Sears, W. G.	1924
Shah, N. J.	1945
Simpson, Keith	1930
Smith, Grantley	1932
Smith, P. A. J.	1941
Spicer, W. R, C.	1926
Stafford-Clark, D.	1939
Stewart, A. P. O.	1953
Stoneham, F. J. R.	1937
Strong, S. V.	1925
Thomas, A. E.	1941
Thompson, R. C. W.	1944
Thompson, R. H. S.	1937
Tillman, W. G.	1937
Trethowan, W. H.	1942
Trott, L. A. S.	1924
Turner, C. W.	1939
Turner, T.	1906
Vance, J.	1948
Vine, S. M.	1943
Wallace, L. J.	1939
Wharton, J. C.	1931
Wheatley, D.	1945
Williams, R. E.	1921
Willis, A. D.	1937
Wilshere, R. G.	1915
Wilson, K. L.	1943
Wiseman, J.	1926
Woodruff, K. M.	1917
Wolstenholme, A. G.	1944
Wornum, Eric	1923

THE LUCAS-TOOTH GYMNASIUM

We commend to our readers the Lucas-Tooth Gymnasium and Boys Training Fund. This excellent institution functions near London Bridge Station at 26 Magdalen Street, Tooley Street, S.E.1. Courses of athletic training are available for boys, for business men and for rugby footballers. They are offering this year a special course for the latter, the object being to develop stamina, strength and speed. This should be especially helpful to people who cannot manage mid-week field training. The first course starts on the 6th October and Mr. E. J. Offord will be pleased to see any players or officials at the Gymnasium any day after the 20th September from 3 p.m. onwards. He is always ready to show the Gymnasium and to discuss its facilities with anybody who is interested. Any help, donations or advice will be received gratefully.

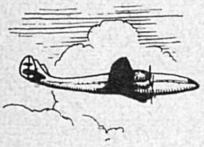
AUSTRALIA

August and September 1953.

By

RONALD MACKEITH

The First Seminar on "Mental Health in Childhood" of the Western Pacific Region of the World Health Organisation was held at Sydney University from 10th to 27th August 1953 on the invitation of the Australian Government, "to help develop an informed professional opinion on mental health problems and to emphasise the mental hygiene aspects of general public health". An objective of the Seminar was to bring together workers in the fields of Child Health, Education and Child Welfare from the countries of the Western Pacific Regions of W.H.O. In addition, participants came from countries of the S.E. Asian Region of W.H.O. There was a faculty of 15 members,—11 Australians and 4 lecturers from "overseas". The Director was Dr. F. W. Clements, the Nutrition expert who is Lecturer on Social Paediatrics in Sydney, and he was assisted by Dr. Charles Gundry of Vancouver. I flew out from London in the very good company of Raymond Firth, Professor of Social Anthropology at the London School of Economics. 47 participants came from Australia, Burma, China (Taiwan), Hong Kong, Indonesia, Japan, Malaya, New Guinea, New Zealand, Philippines, Sarawak, Singapore and Thailand.



Not only was the Seminar "multi-cultural", but one was speedily and proudly informed that it was "multi-disciplinary",—horrid word, excellent idea—, the seven disciplines represented being

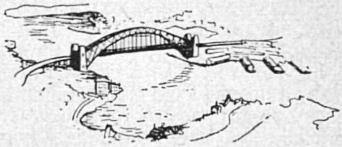
Psychiatrists	14
Paediatricians	10
Maternal and Child Welfare Services	7
Social workers, Social Scientists	7
Psychologists	6
Nurses	6
Educationalists	5
Public Health Administrators	3
School of Medical Service	2
Teacher of Public Health	1
Cultural Anthropologist	1

In general, participants were to be chosen by the Governments "as being in a position to implement the lessons of the seminar".

I left London on Monday August 4th and arrived in Sydney on Friday 8th. (As I left my house, about to spend several hundred pounds of someone else's money on this flight, I rather enjoyed the fact that I was humping my own suitcase round the corner to the Air Terminus). The four days of doing nothing were pretty welcome for the daily round of breakfast, (two eggs and bacon) lunch; (steak and chips, whether you are in Zurich or Calcutta) tea and dinner is peaceful. I borrowed a map from the pilot and followed a course down the east coast of Italy; Athens disappointed because we could not see the Acropolis. We spent the first night in Beyrouth which was hot with the buildings reminiscent of France. Here I left behind, in the bedroom, all my travellers' cheques, air travel cheques and £5 in notes—(it all turned up again in Sydney 10 days later). Leaving Beyrouth we flew over Damascus and then over desert for hours and hours until oil derricks appeared and we were coming down at Basrah; where as one left the aircraft the heat seemed to hit one. India was very very green, presumably from heavy monsoon rains as much land was flooded.

Any paediatrician or parent who thinks there is one best way of bringing up children, should travel with and listen to a good Social Anthropologist; It seems there are as many ways as there are for writing tribal lays and if "every single one of them" is not right, certainly, despite their differences, many produce good results. In some places the mother is plural for a number of "mothers" simultaneously take part in bringing up, even in suckling, the child. Is it a reflection on our ways that it was remarked at the Seminar that in simpler cultures people in general *enjoy* the company of children? Firth remarked that in these cultures children are treated by grown ups as equals albeit with less experience of life.

At Singapore we were deposited, for our second overnight stay, at the Raffles Hotel—a cousin teaching there came round to meet me and in the Long Bar there I felt I was doing the proper thing by signing *chits* for our drinks. Unfortunately the waiter discovered I was only a transient and asked for cash so Margaret had to pay for the sherry. In the evening Professor Silcock gave us the Chinese dinner to end all Chinese dinners, from shark's fin and bird's nest soup, through 100 year old eggs, on to end with fresh lychees, tasting of rose scented hair oil.



There was a week-end in Sydney before the Seminar started and I saw a little of the city. Australia was a great surprise to me in that it is an architectural feast. Where in England the range of periods may be from Norman and Gothic through Queen Anne, Georgian and Victorian to more recent neo-classical, in Australian cities there seem as many styles but all of the last 100 years. There is some early colonial of Georgian flavour but the exciting thing is that all varieties of Victorian and Edwardian Architecture are there almost undiluted. There is a far greater amount of Art Nouveau decoration than is evident in this country. A book of excellent photographs of Melbourne Architecture has just come out and is evidence of a beginning local enjoyment of these Victorian buildings. The domestic architecture is very characteristic and charming. Even in the older slum parts there are little houses with deep balconies roofed with curved corrugated iron, and with wonderful cast-iron railings.

The Seminar was housed in Wesley College and the Women's College of Sydney University. I had looked forward to 2½ weeks of semi-holiday in the course of which I would give two lectures. I found I was working up to 2 a.m. most nights. The day usually started with a lecture; after coffee, we retired to our groups (of 8 or 9) and there discussed the theme of the lecture; the afternoon or evening might be free or there might be a lecture open to the public, or a film show. We spent about 3 days on each of a number of themes, "The child as an individual", "The child and its relationship to the Community", "Maternal Deprivation", "Behaviour Disorders in Children", "Problems of the Handicapped child". One of the faculty had to collate the introductory lectures and the points brought out in the group discussions and sum up to a plenary session on the third day.

I had intended to give up smoking on this "holiday" but the stress of having to rewrite introductory lectures and so on, led to my going out to a tobacconist and buying 1 pipe, 1 packet of tobacco, 1 packet of cigarettes and 1 box matches. Later I discovered the cigars are good.

The hotels (pubs) are open only till 6. They have one frightful rush in the last hour, people rushing in from work to pour down 3 or 4 "schooners" of the potent beer before the place shuts. Wine is cheap. A reasonably good table wine is 6/- to 8/- a ½ gallon. But the Australian is still a beer drinker probably because the beer is good and the climate is hot, but I was rather surprised that when a dozen doctors meet for dinner, 'beer or scotch' was often the range of choice offered. Near Perth however, with Dr. Crisp, I visited a vineyard with a real Oenophil in charge of it. The London firm who have bought the place want lots of "port type" wines—but he would prefer to be making a variety of good table wines on the various soils of different parts of the large property and he is saddened by the need for quick profits.

However, next year the Food and Wine Society of S. Australia are entertaining André Simon and in a few years wine may be more widely popular.

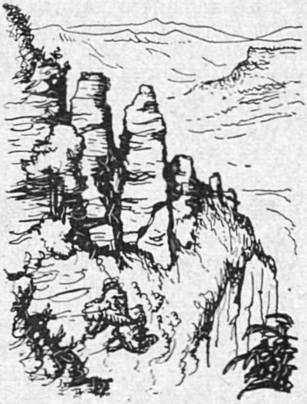
There is no doubt that the "multi-cultural multi-disciplinary" composition of the Seminar was a good idea. The problems of different countries are very different and at first it seemed that discussion of psychological disorders in children is almost waste of time for people from countries which still have great problems of malnutrition and infective disease. However, we of more developed communities have made enough mistakes in out time and perhaps by acknowledging them they could be avoided by other countries as they come to solve their chief present problems.

The Japanese participants came with large reports—one item in which was

> " More than a half of the present Japanese hospitals permit the nursing of the child patients by the parents but the public hospitals and those operated under new management are not permitting them to do that."

The report continues that "in the hospitals without the attending parents. . . there are very few cases providing difficulties to the doctors and nurses." I would like to have discussed this but the Japanese there had considerable language difficulty, —one had only started to learn English two months earlier. I was disappointed that we had no one from China. The three from Formosa were very likeable. At lunch I was next to one of them, a nurse, and in discussion I said that many of us in England had understood the Kuomintang regime to have lost popularity because it was corrupt. She answered that all the people in China who were open to bribery had been bribed by the Communists and had stayed behind and so none had gone with Chiang to Formosa. Which is a pretty neat answer. One of their other delegates agreed with Firth that there was no future for Formosa while they continued to spend so much on maintaining so large an army.

Afternoons and evenings off were pleasant. The Blue Mountains provide something very like what I saw in the Grand Canyon in Arizona—and only 60 miles from Sydney. The Sydney Orchestra under Goossens has a most lovely tone, but some people criticise him for playing so much music by living composers. The Melbourne Opera were in Sydney and very good too with good young singers doing Cosi fan Tutte, the Consul, etc.



In the course of the 3 weeks I came to appreciate the courage of some of the participants. Miss Hariati, from Indonesia, at 28 years old was planning the mother and child welfare of a country of 26 millions. Miss Mair Rees was a Welsh girl with sufficient enterprise to go out to organise midwifery service in East Africa and then to start again in Sarawak—going off alone to help mothers in tiny isolated villages. With all this enterprise she nevertheless seemed very worried because even after training the natives would cut the cord with a knife instead of using scissors.

The six New Zealanders were a very fine group. Dr. Daw ma Popo was a charming dainty Burmese paediatrician who wore a different sarong (?‸sari) every morning and every evening for the 17 days of the Seminar.

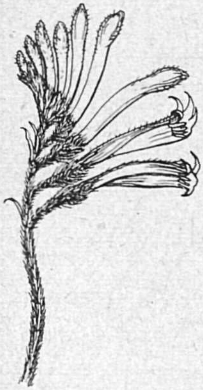
The Seminar was extremely enjoyable and it is noteworthy that in the six months since, there has been considerable public discussion in papers and magazines about the issues discussed at the Seminar. (Including an article in the Christmas number of "PEOPLE", entitled "The Paediatrician" with a sub-heading "Dr. Ron. MacKeith claims there is no such thing as a naughty child". The article was redeemed by illustrations showing some fouth year medical students at Guy's Hospital, London).

This leaves little space to describe the rest of my time in Australia. I flew up to Brisbane—with a lovely Parliament House like a french chateau and, after a 3 months drought, rain all the time I was there. In Melbourne I stayed with E. Cunningham Dax. He took me to an open-cast coal mine—a 100 foot deep hole in the ground 1 *mile square* with remarkable machinery including one mobile machine which cost £250,000. Melbourne Bookshops, Art Gallery, and Children's Hospitals are all as good as anywhere, and no other museum has Pharlap, to whom

I properly paid my respects. Dax asked me if I remembered a St. Mary's students' medical society meeting, when having, as joint hon. sec., seen the eminent lecturer back to his hotel near Piccadilly Circus, on our way home we came to a Rolls Royce standing at a kerb somewhere and I got in and said "Home James" and the chauffeur started off, went three yards, stopped and said "We're home Sir" and I descended. Dax went out to Melbourne 2 years ago as director of Mental Health Services for Victoria and has firmly decided to stay there, so much does he like it.

When he heard I was to be in Sydney in August 1953 for the Seminar Eric Sims, a paediatrician in Adelaide, who was over here in 1951, invited me to stay with him in Adelaide, adding a categorical statement that I would not be taken into any children's hospital or meet any other paediatricians in Adelaide. This rather surprising provision was extremely thoughtful of him. No one now needs to be told that Australians can give a good welcome, nor that they work their visitors hard. After four weeks work in Sydney, followed by a trip by air to Brisbane and thence via Melbourne to Adelaide, my three days there before skipping on to a week's work in Perth were wonderful. To keep me out of the way I was given breakfast in bed, and with this came an excellent daily paper combining the virtues of the Manchester Guardian and Daily Express, so after breakfast I lay there luxuriating, and contentedly lit a cigar. This led to a scare that the bedclothes were on fire. Doors rarely seem to be closed in Australian private houses. This, I suppose, is because of the good warm climate. What is more, my series of observation, made in staying in Australian private houses reveals that 66 per cent have no lock on the door of the bathroom-cum-W.C. If the door is shut, it is occupied; if open, it is vacant. Not knowing the rules, I came out and closed the door and thereby considerably disturbed the personal comfort of a number of people in the house. The Sims took me driving among some of the earliest settled parts, very like parts of South Devon to look at; we went to look at the Southern Ocean and to visit a war artist back from Korea. His canvasses and sketches told me a great deal that I had not realised about the hard conditions there.

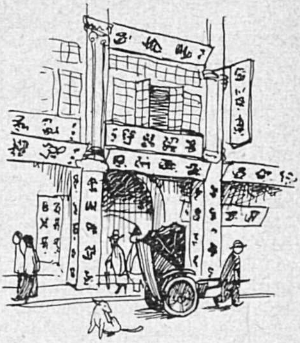
Brisbane and Melbourne are well situated cities but Sydney, Adelaide and Perth are wonderfully so. It is hard to describe how lovely. I went to Perth with Professor Lorimer Dods and T. Y. Nelson the Paediatric Surgeon, both of Sydney, to take part in a Paediatric Week for general practitioners. Western Australia with an enormous area has 600 doctors—at some of the lectures 140 of them were there. One cannot but admire the keenness and the competence of these young doctors who 50 or 100 miles from any colleagues look after the health of a community.



Perth is a most attractive place, and with a population increasingly rapidly, offers excellent opportunities for the young consultants I met from England. I was there in their spring month of wild flowers. I saw woods carpeted with freesias—Kangaroo Plants with red *stems* and emerald green *flowers*, all covered with fine velvet hair, orchids and a lovely blue flower whose name I found easy to remember because I was told it was "Lets-be-naughtier"—an unkind person told me after that it should be leschnaultia.

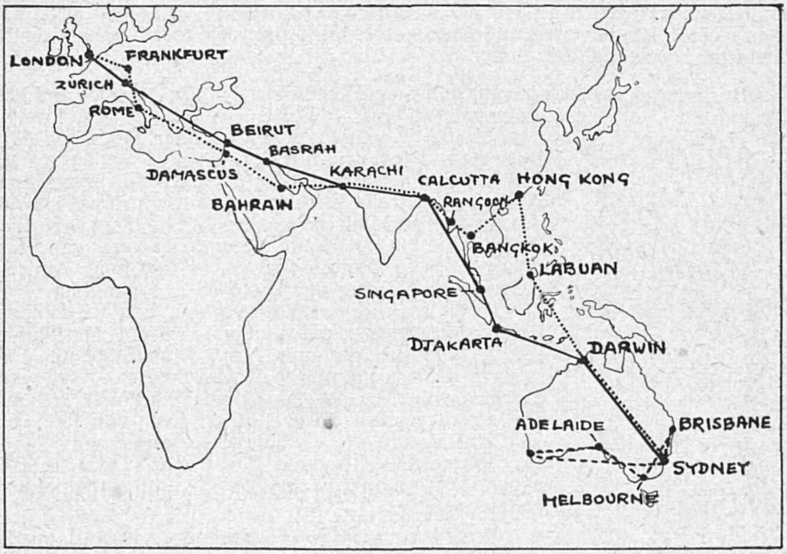
Perth has a very good university and plans a medical school. Money has been collected for a fund to celebrate the Queen's visit. Her advice was asked about this fund and as a result the first two chairs to be endowed for the Medical School there will be in Child Health and Maternal Welfare. This is starting off in the right way.

From Perth I went back to Sydney for two days and handed in the final versions of my contributions to the Seminar Report. Then I flew via Darwin and Labuan to Hong Kong. To get into the Hong Kong Airport your aircraft scrapes its wing tips against mountain sides and then drops on to the airfield. My sister showed me round Hong Kong and very exciting it was. This was, apart from the one evening in Singapore, my first taste of the "gorgeous" East and how entrancing it was, but impossible to convey in words; and I can only envy someone with the opportunity to spend longer there. I visited the Queen Mary Hospital and remarked to Dr. Hsu I had noticed a gargoyle child waiting in the corridor. He was politely interested but I doubt if he believed me then, because he wrote several weeks later specially to tell me that they had never recognised one before but that this child was one. On the other hand, I totally failed to appreciate a demonstration of the differences (very obvious to him) between babies from South China and from North China. A planned meeting with other paediatricians in Hong Kong was off because a typhoon came near. We closed the windows, closed the shutters and put up the hurricane bars and listened every three hours to the bulletins of the typhoon's progress. It passed by 30 miles from Hong Kong but the rain and wind we had there were impressive enough. In browsing through the bookshelves between the bulletins I discovered that a visitor to Rome in 1580 wrote of Bellarmine, who held the Chair of Controversial Theology there (and was later involved in an exchange of tracts with Bishop Andrewes, who is buried in Southwark Cathedral):



> "When I was engaged with him in the service of the kitchen and in washing and drying dishes........"

So members of the learned professions have had to do the washing-up for at least 373 years.



From Hong Kong I flew home in the company of 16 children aged 8 to 18 returning to school in England. At a lunch stop in Siam I rebelled against the routine grape-fruit, steak and chips and ice cream. After the first course I insisted on a local Siamese dish, such as was being eaten at the next table, for my main course. Never ever was curry so hot. The ice cream did not cool my buccal mucosa at all but I discovered that a banana completely puts out the post-curry burning.

At Rangoon I met again Dr. Daw ma Popo from the Seminar, with her husband, and I was taken to see their wards in the hospital. One realises how much easier in some ways life is in our hospitals here. But they do not lack clinical problems. As well as a number of classical tropical diseases I saw a two year old child who had been in coma (of unascertained origin) for 30 days.

I discarded my shoes and walked up 120 steps to the Shive Dagon Pagoda and saw a new Peace Pagoda just finished.

On the way home Karachi gives an opportunity to buy very good oriental presents for those of one's children, god-children, nieces and nephews who have not yet been provided for at other places. Then Bahrein, Damascus, Rome, Frankfurt, London (8166 miles from Hong Kong) and back to work.

A GRUESOME INCIDENT

THE incident to be described occurred more than 40 years ago while I was Senior Demonstrator of Anatomy. At that time the Anatomical Department was in the old Medical School building of which at present no trace remains. In addition to the dissecting room which, though large and lofty was in rather a dilapidated condition, indifferently lighted and poorly ventilated, there was a small lecture theatre and several smaller rooms for tutorial classes and the study of permanent preparations. The subjects for dissection were kept and prepared in a vault-like room, the " tank room " situated in the basement of the old museum. It had only artificial light and was at any time a gloomy and depressing place.

It was late on an afternoon in the winter session. The last and keenest student had finished his practical work for the day and I was alone in a cave-like recess under the raised series of benches in the small theatre which was used as a Demonstrator's room. I was engaged in routine work concerning the records of the progress—or otherwise—of the students.

The only other person then present in the department was Hancock who was engaged in clearing up the dissecting room and preparing the subjects in the tank room. Hancock was well known to many generations of Guy's men and was one of those loyal, devoted hard-working hospital servants whom we have been so fortunate to have at Guys. He started life as a soldier in the Somerset Light Infantry and took part in the Gordon relief expedition which arrived at Khartoum two days too late after heavy fighting in the desert. Then after a short time at the Royal Northern Hospital he came to Guy's as dissecting room porter. " Doc " Hancock as he was affectionately known by the students was a true friend to the hospital and to innumerable Guy's men. His character was admirably summed up in the following words from the bicentenary number of the *Gazette* in 1925 : " He has been undisputed autocrat of the anatomical department for 36 years and although due to retire in last December was asked to forget it. When we asked him when he was due to leave he said that for the life of him he could not remember and may it be many years before the hospital loses such a genial, good-natured hard-working friend. He could ill be spared."

Hancock had finished his work for the day in the dissecting room and had retired to the tank room with the intention of injecting the arteries of a newly arrived subject. I had nearly finished my routine work when Hancock re-appeared in a very strange condition; he was pale, agitated and looked as though he had just had a bad shock. In reply to my enquiries as to what had happened, all he could say was to repeat a series of such interjections as " I never would have believed it," " Come and see for yourself ", " I have never seen anything like it ", etc. Wondering what could have happened, I went with Hancock down the steps to the gloomy and macabre tank room. On the slab in the middle of the room was the body of a woman which had arrived that morning. Death had been due to some obscure abdominal trouble and in order to ascertain the cause of death a partial post-mortem had been done; that is a long abdominal incision had been made and when the nature of the fatal disease had been verified it was closed by a series of stitches.

The body was in good condition and Hancock had removed the stitches and re-opened the abdomen to see if the amount of damage done would permit of injection of the arteries. He now drew the flaps of the abdominal wall inside and there, free in the peritoneal cavity, mingled with the abdominal viscera were the dead bodies of four puppies ! It was a horrid sight and its surprising and unexpected nature added to its gruesome and revolting character.

Subjects for dissection were then obtained from patients who had died in poor law infirmaries and who, as far as was known, had no friends or relations to claim the bodies. These infirmaries were managed by Boards of Guardians and political feelings, though absent at first, had been gradually introduced, leading to contested elections which often were conducted with a good deal of feeling. It was found that opposition to this legalised method of obtaining bodies for dissection attracted a considerable number of votes mainly from well-meaning but narrow minded people who did not understand the importance of anatomy in the training of a doctor. Another consideration was that a section of the press specialised on " Hospital scandals " and made the most of them especially if they concerned one of the teaching hospitals. To either of these factions the story of such an outrage would be a tremendous opportunity and the story would probably be told in a way that would suggest that it had been perpetrated at Guy's.

A reference to Hancock's books showed that the subject had been sent from a well-known London Infirmary. The post-mortem incision in the abdominal wall was effectively sutured and it was impossible that any interference could have taken place during the few hours it had been in the tank room at Guy's. As the outrage could not very well have been carried out during the journey to Guy's, it seemed pretty certain that it must have been perpetrated before leaving the Infirmary. It so happened that the Superintendent and I had been fellow students together so I knew him very well. I asked him by telephone whether I could see him at once on an urgent and important matter: I did not describe the incident as I thought our converration might be overheard and thus lead to trouble. When at our interview I told him what had happened he was as surprised and shocked as I had been. The medical officer who had done the post-mortem was interviewed and, as might be expected, could throw no light on the occurrence and was quite sure that there was no tampering while he was in the post mortem room. This threw suspicion on the post-mortem attendant of the infirmary. This man did not live in the hospital but my friend promised to see him as soon as he came on duty the following morning.

Early next morning after this interview the Superintendent informed me by telephone that the mystery had been cleared up and that he would come along and give me the details. It appeared that the post-mortem attendant had a bitch that had just had a large litter, so he drowned four of the pups. Being puzzled as to how he should dispose of them he remembered the post-mortem and having got rid of them in this way, he carefully sutured the incision being, of course, unaware that the undertakers had instructions to take the body to a medical school. The man was an old and trusted servant of the hospital and, until the present incident, there was nothing whatever against him: so he escaped with a severe reprimand. I reported the matter to the Dean, Dr. Lauriston Shaw, who approved of what had been done and agreed that no further steps were necessary.

I have never heard of any similar occurrence though foreign bodies of a different character have been found occasionally at post-mortems. One satisfactory thing about this case was that everyone refrained from talking and nothing was ever heard of the incident.

P.T.

REVERSED OPINION

" Oh, Sir," I cried, " My brain was fixed in upside down I fear;
For everything before me topsy-turvy doth appear;
Where you behold the glorious sun, dull earth is all I see;
Contrariwise, *I* see the sun where only earth should be! "
The doctor frowned, " Your mental state is something to appal!
You've Pick's Disease, and Parkinson's, and Uncle Tom Cobley's an' all.
But see our neuro-surgeon and your cares you can relax;
No patient ever worries more when once he wields the axe! "
But to the good " Nut-cracker" I was not, at last, consigned,
And parting showed it was the doc. who was reversed in mind;
For when I gave my hand he put his foot in it instead
And then I noticed that the sage was standing on his head!

M.I.H.

FIZZOLOGY, AND ALL THAT

"Of course," he said, "when you get to your 2nd M.B. you will have to do Fizzology." Yes. I was sure that that was the word he used, and as I walked pensively along the Brompton Road, this word kept popping in and out of my mind like those artificial ducks at a shooting gallery which glide along, drop out of sight, and then re-appear at the other end to repeat the whole gamut. What was it, I wondered. Had it something to do with the manufacture of soda water, or was it to do with something more abstract such as high spirits? Time would show, no doubt. In any case it was sure to be a corker as Mr. Polly might have said.

It was at the end of the First War, and I was still in khaki. Was I going to return to that Civil Service job which I had never loved, or was I going to take the plunge and study medicine ? On the advice of an aunt with whom I lived I had been to see an elderly and successful doctor in one of the inner suburbs. He was a " sort of cousin," she said, but then everybody in that part of the country from which she came was a " sort of cousin." When I returned to the same locality as the doctor six years later to do a locum someone said he was a " sort of Russian " because he had a black beard, the only reward for wearing which in those days was to have the single word " beaver " hurled at you by some rude urchin. But my friend with the black beaver had been going too quickly. He didn't know that I had been to a classical school and that Shakespeare's " little Latin and less Greek " was as nothing to my ignorance of any kind of science. In my day I can only remember one boy who took any interest in chemistry and he practically had the place to himself, and he was by way of being brilliant. But he, poor fellow, died on the slopes of Gallipoli with all his songs within him.

From the day when as a very small boy on my father's glebe, I made an incision into a dead and bloated sheep " swollen with mist and rain " not to mention noxious gases which sent my brother scuttling, until the day when I stood at the end of St. Thomas's Street and someone said, " Yes, that's Guy's Hospital, down there," quite a good slice of my life had passed. And of course from that day until the day when I passed through the front gates for the last time with my conjoint and my 2nd M.B. in my pocket was, needless to say, another big slice. By then Fizzology, if not an open book, did convey some sort of meaning to me and I have even included my venerable professor in some doggerel which I had written :—

" Old P**br*y with his cats and dogs
And, too, his little tiny frogs
Sits ministering thoughtfully
In the direst kind of togs."

Ah, yes, those togs.

When we used to stand outside the operating theatres waiting for the great ones of the hospital world to come along we used to express our admiration for surgeons who extracted appendices through minute incisions (a practice long since condemned), and it strikes one now how much a kind of mutual admiration society a hospital can be, and for reasons which convey nothing to the lay person. What an excellent thing it would be for some of those loud-mouthed politicians who resent it, as they say, because a doctor belongs to a superior social clique. What a good and revealing thing it would be for them if they did a course in medicine if only to the extent of becoming that humble mortal, " the ordinary doctor." But the medical hero-worship of our younger days gets blunted as the years pass.

Even Osler who looks benignly at us from his portraits had a cruel sense of humour, we read, and I personally have never quite recovered from that blow. Only recently much sentimentality was being bandied about over the resting place of Harvey's bones. The circulation of the blood seems obvious now, and how many little quadrupeds did he cut up alive and sentient? I once started to read his *De Motu Cordis* and was too much oppressed with this thought to read further. Sheer maudlin sentimentality of course. No one ever refers to this fact, it is all so long ago. To call anyone a dog in Shakespeare's day was the lowest term of opprobrium that one could cast at him.

One day I hope to be able to say I have read completely *The Integrative Action of the Nervous System*, and *Man in his Nature*, but, after a first reading, will it mean any more to me than the Abbé de Sièyer's life meant to him during the French Revolution ? Time will show—meantime the reading goes on.

With Physiology and all that done with, and the proud possessor of a Compound diploma perhaps, and because we are hard up, or want to get married, or feel we are growing old and haven't yet had much out of life except work, we decide to take our Final M.B. after going into practice. But Cave ! Achtung ! There is no one they seem to dislike more at Final examinations than the candidate who is already in General Practice. " What are *you* doing here,' were the first words in a surly tone which once greeted me in a Viva. " Coramine," said another examiner (it was the early days of that drug) with an audible sniff, " isn't that something which General Practitioners use ? "

And yet one is only supposed to be a number at examinations !

Ah well ! We can still be successful and reasonably well-informed doctors, and whatever you may be, you cannot fool all of the public all of the time.

G. L. D

CORRESPONDENCE

Letters to the Editor of the Gazette

Harvest Thanksgiving—with a Difference

From the Chaplain

SIR,—May I be permitted to make an advance announcement about the Harvest Thanksgiving at Guy's Chapel this year? This will be observed on Sunday, October 3rd and, as usual, the services will be: 7 a.m. Holy Communion; 10.45 a.m. Service and Address at which the preacher will be The Revd. Dr. N. R. Bishop, of Southwark Cathedral It is customary to appeal for gifts in kind which are afterwards distributed. It will be realized, however, that it is always difficult to make this distribution wisely and fairly in the Wards. Thus in former years most of the fruit and vegetables (much of which is given from the Borough Market) has been sent into the Central Kitchen. Under the National Health Service this practice seems hardly to fulfil the purpose of the offering.

The Harvest Services are meant to express our thanks-giving to Almighty God for the fruits of the earth by giving to the relief of those in need. The challenge presented to all who have sufficient and abundance while there are homeless millions of starving refugees in many parts of the world today is inescapable. Prayer must be matched by positive action and sacrificial giving. Matron and I have accordingly decided that this year we shall not ask for gifts in kind just to decorate the Chapel for a day, but to make an appeal to all to give or send their money offerings. All we receive will go to the Oxford Committee for Famine Relief which organizes immediate aid in food and material necessities direct to those in the direst distress all over the world. We are doing this in the strongest conviction that it does a little to fulfil the urgent demands made upon Christian conscience today. If any readers not now at Guy's would like to associate themselves with this act of thanksgiving I would gratefully acknowledge any gifts.

Yours etc.,

DENYS GIDDEY,
Chaplain.

Registrars' Centenary Year

SIR,—I feel that the close of the academic year 1953-54 should not pass without recognition that this has been the Registrars' Centenary Year.

In 1853, Wilks and Poland were appointed the first medical and surgical registrars to the Hospital. Poland was then in his fourth year as assistant surgeon and Wilks, who became physician to the Surrey Dispensary in the same year, was elected to the consultant staff of Guy's Hospital two years later. The main duties of the holders of these two new appointments were "to assist students in their reporting and to prepare statistical records of the work of the Hospital."

There seems little doubt that the date of 1853 is correct since it is taken from *The History of Guy's Hospital* written by Sir Samuel Wilks himself with Mr. G. T. Bettany.

Yours etc.,

A. BATTY SHAW.

Highlands Lodge,
Bickley, Kent.

The Hospital Ramps

SIR,—I am sure that nurses, patients, porters and ambulance attendants will be grateful to the Hospital authorities for constructing a slope into the medical block. Might I suggest that similar ramps be made at the main entrance of the Physiotherapy Department and into the Hospital Chapel, so that the help of porters for patients in wheel chairs is unnecessary ? In the past these patients have been driven underground to avoid steps, thus making extra demands on the overworked lifts.

Yours etc.
Maidenhead. H. M. GRATION.

Rugby Results

SIR,—With the onset of a new Rugger season, may I appeal to you to see that the reports of the matches are more regular and comprehensive ? I understand that a similar request was made some years ago with salutary—though temporary—results.

In my youth the *Gazette* was an imposing publication, and about half of it consisted of the doings of the teams from the high-class performances of the 1st XV down to the happy and carefree exploits of the Nomads. To the large number of overseas Guy's men—most of whom were Rugger fans in their time—the scant consideration given to the premier Hospital sport is depressing and frustrating in the extreme ; one hears that attendance at matches is sparse and unenthusiastic, and that the Milk Churn, filled with vintage Port, is kept under lock and key for the Dean's private use.

Thirty years ago supporters at H.O.P. ran into hundreds and away matches were not neglected. How can the teams be expected to give of their best for the spirit of the game and the honour of the Hospital if they are not encouraged by their fellows and their Press ? What better stimulus is there to inspired play than the cheers and raucous bellows from the touchline and the subsequent critical apportionment of praise or censure in the *Gazette?*

24 Baines Avenue, Yours, etc.,
Salisbury, S. Rhodesia. KEITH DUFF.

We are happy to tell Mr. Duff that we hope to give regular reports of Rugby and other winter games. In self-defence, we must state that the onus of providing a report falls upon the club concerned. The " Gazette " cannot be held responsible if these reports are not sent.—Editor.

Post Prandial Post-Mortems

SIR,—The students at this Hospital are, in the main, grateful for the opportunity to witness so many autopsy examinations, and to appreciate the teaching of the demonstrators. May I, however, through your columns, plead for a little more elasticity in the routine, so that the more relevant and instructive findings may be presented before 2.0 p.m., a time at which presure of other duties requires us to leave ?

On a recent occasion, in a case of malignant hypertension, dying during a fit, and with a previous history of a cerebral abscess, neither brain nor kidneys were demonstrated until approximately 2.15 p.m., materially reducing the value of the case for those whose afternoon rounds started at 2.0 p.m.

Yours, etc.,
M. D. VICKERS.

Medical Mispronunciation

SIR,—I have always respected and tried to appreciate Dr. Vertue's articles. I have been interested in them but no doubt due to an incomplete classical education I have not always understood them. I would certainly never dream of crossing swords with him on the correctness of our language as derived from Greek and Latin.

However, I have in my blood—and in my name—some Scottish interests and I feel I should speak for the " Scotch virgin " mentioned towards the end of his article " Medical Mispronunciation." The young lady would be offended if her virginity was in any way associated with an alcoholic drink. " Scottish " is a fine-sounding word so let us use it. If we are to be correct in our pronunciation of words from far off Greece and Rome let us also give words from nearer home their full value.

Yours etc.
125 Western Hutt Road, W. M. E. TWEED.
Lower Hutt, New Zealand.

REVIEWS

Good General Practice. By STEPHEN TAYLOR, M.D. Oxford University Press. *Price* 12*s.* 6*d.*

Since the Danckwerts Award decided that the General Practitioner should be paid real money, a good deal of research has illuminated his way of life. Dr. Joseph Collings, with an Australian degree and New Zealand experience, visited fifty-five practices in Great Britain, and reported thereon. Perhaps he was a little unlucky, or maybe the G.P. down under conforms more to the type of man in the country here of a quarter of a century ago, who, wanting things done used to do them himself, gradually adding Ultra-violet, Infra-red, Diathermy, and X-Ray equipment to his premises.

Naturally he would find censure for the consulting-room with no water laid on. And what, for instance, about syringing ears? "We don't." "What then?" "Oh, we send them along to the hospital diagnosed? otitis media; then the H.-S. has to clear them out to make sure it isn't." His report is a bit depressing.

Then there is the objective report undertaken for the B.M.A. by Dr. Stephen Hadfield. The aim was to produce a broad picture of G.P. as it is. This it has done, and it is worth the study of any budding or even blooming practitioner of medicine.

But the subject of this review has a wider scope, and presents a meticulously detailed picture both of what G.P. could and should be. "What happens in the best practices should be known to all." The adventure is sponsored by the Nuffield Provincial Hospitals Trust and undertaken by Dr. Stephen Taylor, whose work in many spheres has long ago rendered him a public figure, needing no introduction here.

Thirty practices, including ninety-four doctors, were studied intensively, yielding an average of ten thousand words apiece, while all comparisons were judged by one mind, to the great advantage of a well-balanced whole.

And what a report it is. There can scarcely be any nook or cranny, nor any infant nor granny to be met with in G.P. whose whole outlook, inlook, and general handling has not been illuminated.

Here you will learn exactly what sort of practice you will find where; the sort of secretarial or ancillary help each will need; how to equip, re-equip, or amend your surgery, and the pitfalls to avoid, for instance even wives, in choosing, or being chosen by prospective colleagues. Surprising facts appear on every aspect of practice. Does one realise that about half of all illness arises in the respiratory tract (and will be more, now we are all going to die from cigarettes)? Can it be true that nearly three-quarters of one's daily work deals with one quarter of the patients on one's list? Not only persons, if any G.P. ever doubted it, but families are sickness prone. It is news that only one practitioner in three owns, and fewer still use a microscope, but it is a comforting reflection of increasing facilities for free access to laboratory service.

The suggestion of "merit awards" for G.P.s is well and truly squashed flat for overwhelming reasons. As an afterthought it is even suggested that "the politician wishing to reduce the influence of the G.P.s might well . . . split the G.P.s, etc." Well well! No doubt a student of politics.

The assorted help obtainable from the receptionist-secretary is set out at great length. But he doesn't tell her never to waste everybody's time by saying "hello", and though he deprecates he does not utterly condemn the occasional practice of letting a patient handle even for a moment his record card, or still worse that of someone else. Surely the shortest cut to a court action?

And linoleum on the premisial floors seems to be rather disdained; but even if you have a casualty room, you still see babies in the consulting room, and all that. Give me linoleum.

On pp. 198-201 are found the best introductory hints to an incoming locum, or assistant, that could well be devised.

A perfect storehouse of knowledge about G.P., group practice, and rotas strikes an admirable balance between the advantage of the patient and the doctors, with an appendix on the Ilford Rota Scheme, which involves some 180,000 people. There seem to be very few complaints. When help is really wanted in a hurry the one who comes is welcomed: if they are so very choosey perhaps the emergency is not so very urgent.

One comment made is that very long surgery queues suggest poor doctoring, perhaps weak diagnosis, weak discipline, or ineffective treatment. Is this a fair generalisation? But we are using it to deflate one of our group, whose surgeries had led me, at any rate, to suspect that he was the most sought after practitioner. But another surprise is that the most popular doctor is not as a matter of course the most skilful.

Continually it is stressed that good group practice is entirely dependent on really good note-taking, which is regrettably rare.

Some Housemen are reported to be a little short with the G.P. wanting an immediate bed. The following helps to account. A bed wanted for a man with acute obstruction, duration ten days. A bed found conveniently adjacent for the mortuary. The patient victim of a cerebral hæmorrhage, required an enema. But we really dear Sir, are not all, nor even many of us so.

A careful study of this invaluable book should be of more help to a prospective G.P. than anything except a term, conscientious on both sides, as a Trainee Assistant. Even practitioners of long experience will find useful and interesting points on a high percentage of its 600 pages.

I failed to spot a single misprint, or even one erring comma. The text makes clear and easy reading, with wise paragraphs, and good cross-headings.

There is a good index comprising "smells domestic", "cleanliness local variations", and two allusions to "wives" ; one "as helper".

Great tribute to the District Nurse warns of one place where she is apt to be a danger—on the road !

There is everything here to enable one to become a happy G.P. and NOT a "Symptomatic Sorter". Read it and see.

G.W.D.

An Introduction to General Practice. By D. Craddock. H. K. Lewis & Co. *Price* 42*s*. 0*d*.

This book is written with the aim of encompassing in one volume the major part of the extra knowledge which will be required by a newly qualified doctor on his entry into general practice from hospital. The author feels that the emphasis in hospital is laid on clinical medicine as seen through the consultant's eyes and the gulf between this background and the knowledge required by a competent general practitioner is often not made apparent.

A foreword by Sir Heneage Ogilvie stresses the importance of the work of the general practitioner in the increasing complexity of medicine today.

The introduction gives a good account of the preparation required by a general practitioner, the rewards offered and the difficulty of entry into practice today. It stresses the vital differences between hospital and general practice. On the whole the advice given is good although I think the young practitioner who makes a habit of sitting on his patient's beds will be subjected to considerable adverse criticism and will lose some patients. A chapter on administration is concise and gives the bare essentials of the paper work required in general practice. Undoubtedly the most tedious part of a practitioner's life.

Admirable chapters follow on those problems which face a general practitioner every day and are rarely seen in hospital. " The patient who asks for a Tonic," " The patient with no Organic Disease," " Trivial Complaints " and " The Common Chronic Disorders and their Management."

The remainder of the book deals with all the medical and surgical conditions likely to be encountered and gives a " bird's-eye " view as to their management and treatment. There is a special section on the important subjects of Mother and Child on which one's reputation as a good family doctor is really made—Domiciliary midwifery is well described although the suggestion that a surgical induction should ever be carried out in the home, is, I think, ill-advised. Family planning is also well covered.

Every chapter hss a list of references to the literature attached—one is amazed and impressed that the author has had time in general practice for all this extensive reading.

I consider that this book is a good introduction to General Practice and will be of value to the new general practitioner and to students or newly qualified doctors who are considering the possibilities of life as a general practitioner.

E.M.

Schafer's Essentials of Histology. By H. M. Carleton and R. H. D. Short. 16th edition. Longmans. *Price* 35*s.*

The main feature of this new edition of Schafer is the great improvement in the quality of the paper on which it is printed. This greatly enhances the quality of the photomicrographs. Two other alterations improve the book ; the replacement of the coloured illustrations of blood cells by two new plates and the separation of class instructions from the body of the text and their grouping with technical instructions as an appendix. Some inadequate photomicrographs have been replaced by line drawings by the new editors. This is not a great improvement.

The text of the book has had very little revision, though the inclusion of the results of recent work on the lining of the lung alveoli is welcome. Many plates are showing signs of considerable wear and it is unfortunate that the editors have not included any photographs obtained from electron microscopy. With several better histology texts available, although some are higher priced, the reviewer does not feel able to recommend this new edition strongly.

G.A.T.

Bouquet for the Doctor. By Dorothy Fisk. Heinemann, 1954. *Price* 18*s.* 0*d.*

This delightful book was a very pleasant surprise to the reviewer. It is written for the lay public but would serve well as an authoritative introduction to some aspects of medical history for the medical reader. It does not claim to be a comprehensive book on its subject, but the author selects for discussion a few of those men who laid the foundations of the art of medicine.

The earlier chapters are fascinating. The contributions of the Egyptians, Babylonians and Greeks being emphasized with many quotations from the papyri and the code of Hammurabi. Mediæval medicine has its share of comment and the foundation of the Italian medical schools is an interesting and all too little discussed subject. The later chapters are devoted to the individual contributions of some of the great men of the last three hundred years : Harvey, Sydenham, Jenner and Lister all being mentioned.

It is the earlier part of the book which will probably appeal most to medical readers as the later chapters on the development of chemotherapy and the antibiotics will already be a familiar story. The value of such a book as this to the medical undergraduate cannot be emphasized enough because of the unfortunate gap in medical education which results from the lack of any organised teaching in medical history. The book is well printed and the illustrations are interesting and excellently reproduced. Despite its rather high price, it is excellent value.

P.S.B.

SPORT

ATHLETICS

The United Hospitals' Athletic Club was represented in the City Charities Athletic Contest for the Financial Times Shield. This was held at the White City on Wednesday, 8th September, and was the first floodlit athletic meeting of the year. The United Hospitals' team under its captain, Ian D. Hudson of Guy's, distinguished itself by winning the Shield for the first year since 1926. Competition was very strong and the other teams taking part represented Banks, The Stock Exchange, The Metropolitan Police, London Shipping and Business Houses, The Civil Service, Insurance Companies and last but not least the London University Tyrians. The performance of the Hospitals' team was marked by the commendable achievement of the placing of both strings in all track events except the 880 yards. Apart from I. D. Hudson, who was captain, there were four other members of the team from Guy's. They were J. R. Groves (100 and 220 yards), D. F. S. Gunning (Mile), R. J. Notley (120 and 440 yards hurdles) and K. A. Watmore (Hop, Step and Jump). All these competitors reached the finals of their events. An interesting personality at the Meeting was the American Olympic pole vault champion of 1952, The Rev. Bob Richards who is holidaying in England. To the delight of the crowd he competed in many events and gave a truly magnificent performance in the pole vault.

RUGBY FOOTBALL

Guy's *v.* Shelford

11th September, 1954
Result—Won 19-3

The opening game of the new rugby season was played on the 11th September when Guy's 1st XV played at Cambridge.

The Shelford Rugby Club was celebrating their 21st Anniversary and at their request the hospital played them on even terms.

The President of the Club who has been in office since the club was founded kicked off for Guy's. The afternoon was sunny and the recent showers made the pitch soft and springy and the game proved to be most enjoyable for both players and spectators alike.

The game started a little scrappily but both sides settled down as the game progressed. The Guy's backs saw a lot of the ball thanks to the very good hooking of Labuschagne. The scrum tended to pack a little high, but in the loose they played well and in the line-outs they were superior, Cooke and Green being prominent.

It was good to see the game being kept open and we saw some very good movements. Our backs always looked dangerous when they got the ball, although at times chances were wasted by inaccurate passing. Knight at scrum half gave good service from the scrum. Thomas and Hawley saw more of the ball on the right wing but Hackett and Evans made the most of the few opportunities they were given. Carroll played a sound game at full-back.

Shortly after the start of the game Guy's were awarded a penalty for a scrummage infringement just outside the posts and Carroll scored a penalty goal which proved to be the only score of the first half.

A minute after the interval Keen made a very good run along the touch line to score an unconverted try in the corner. Ten minutes later Thomas scored a try which was converted by Carroll. Shelford replied with a very fine dropped goal which they justly deserved and made the score 11 points to 3 points.

Ten minutes from the end Hawley gave a lovely pass to Thomas who ran 35 yards and forced himself across the line to score another unconverted try in the corner.

In the dying minutes of the game Evans picked up the ball on his own 25 yard line and ran the full length of the field to score a beautiful try which Keen converted to give Guy's a decisive win of 1 penalty goal, 2 goals and 2 trys to Shelford's 1 dropped goal.

SAILING

The Points Cup for inter-hospital racing this season has been won by Guy's for the first time in the club's history by one point from St. Bart's.

In the six races sailed Guy's had 3 firsts and 3 seconds. The hospital was represented by :—

Helmsman : T. P. Bass. Crew : J. Metcalfe, K. J. Gilbert.

Sir William Burton Cup.—In the National 12-ft. Class Championships, sailed at Southend, the Guy's dinghy sailed by T. P. Bass and J. Metcalfe finished 14th in the week's points series out of over 110 starters, and was in the Prize List one day with a fifth place.

HOCKEY

At the Annual General Meeting of the United Hospitals' Hockey Club, held on 8th September, 1954, H. M. Tuddenham was elected Captain of the Club and D. R. Laney was elected Hon. Match Secretary.

HOSPITAL INFORMATION

UNIVERSITY OF LONDON

Representatives on University Schools and Institutions

The following have been appointed or re-appointed as representatives of the University:

Guy's Hospital Medical School: Professor Sir James Paterson Ross, K.C.V.O., M.S., F.R.C.S., and Dr. John Forest Smith, F.R.C.P.

Royal Dental Hospital of London, School of Dental Surgery: Professor J. Whillis, M.D., M.S., F.R.C.S.

St. George's Hospital Medical School: Mr. E. G. Slesinger, O.B.E., B.Sc., M.B., M.S., F.R.C.S.

Teachers

The following teachers have been recognised as Teachers of the University and assigned to the Faculties indicated:

Full Recognition

Faculty of Medicine

Guy's Hospital Medical School: Philip John Helliwell, M.B., Ch.B., F.F.A., R.C.S.(Eng.) as a Teacher of Anæsthetics.

Kenneth Smedley MacLean, M.D., F.R.C.P., as a Teacher of Medicine.

William Alfred Vale, B.D.S. as a Teacher of Dental Surgery.

Institute of Child Health: Barnett Levin, M.D., as a Teacher of Pathology.

Probationary Recognition

The following Probationary Recognition has been granted for two years from July, 1954:

Walter Jack Tulley, B.D.S., F.D.S., R.C.S., as a Teacher of Dental Surgery at Guy's Hospital Medical School.

Examiners

Examiners for External Examinations, 1955.

Medicine (2nd M.B.) *Human Anatomy:* Professor James Whillis.

Final Examination: *Physiology (B.Sc., Spec. Paper II)*: Professor W. R. Spurrell (Chairman).

Examiners for Internal Students

M.D.S.

General Examination in Dental Surgery and Pathology: G. T. Hankey.

Clinical and Operative Dental Surgery: W. E. Herbert (Chairman).

Oral Pathology: M. A. Rushton.

Dentistry for Children and Orthodontics: R. E. Rix.

Special Second Examination for Medical Degrees

Anatomy: J. Whillis.

Veterinary Pre-Clinical Examination, Part II

Biochemistry: G. A. D. Haslewood (Ext.).

Examinations for Internal and External Students

Psychology, B.A. Honours and B.Sc. (Special) under revised Regulations: D. A. Pond.

General First Examination for Medical Degrees

Physics: G. Stead.

Second Examination in Dental Surgery:—

Anatomy (Special): J. W. Mansie (Chairman), M. A. Rushton.

Physiology: D. J. Anderson (Chairman).

Third (B.D.S.) Examination in Dental Surgery:

Surgery: F. N. Glover.

Pathology and Bacteriology: A. Bulleid.

Dental Surgery (including Special Pathology): F. S. Warner.

Orthodontics: K. E. Pringle (Chairman), R. E. Rix.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Examiners

The following Examiners were elected in June for the ensuing year:

Board of Examiners for the Fellowship in Dental Surgery

Dental Section: F. S. Warner, M. A. Rushton.

Board of Examiners in Dental Surgery

Surgical Section: S. H. Wass.
Dental Section: A. Bulleid.

Examiners under the Examining Board in England

Elementary Biology: G. E. H. Foxon.
Diploma in Laryngology and Otology: W. A. Mill.

Examiners for the Diploma in Orthodontics

Part A: W. J. Tulley.
Part B: Sir William Kelsey Fry, R. E. Rix.

Examiners for the Fellowship of the Faculty of Anæsthetists

Primary Examination

Anatomy: J. Whillis.
Physiology: W. R. Spurrell.

Final Examination

Anæsthetics: R. R. Macintosh, A. D. Marston.

Examiners for the Licence in Dental Surgery

First Examination—Part I

Physiology: D. J. Anderson.
Special Anatomy and Physiology: J. W. Mansie.

Second Examination

Dental Prosthetics and Properties of Dental Materials: K. Liddelow, G. G. T. Tregarthen, H. R. B. Fenn, A. Oliver Chick.

Examiners for the Fellowship in Dental Surgery

Pathology: S. J. De Navasquez.
Dental Section: R. V. Bradlaw.

GUY'S HOSPITAL

JUNIOR STAFF APPOINTMENTS, 1954-55

The following appointments and reappointments to the Junior Staff for the period commencing October 1st, 1954, have been made by the Board of Governors.

MEDICAL STAFF

Medical Registrars:
Joiner, C. L.
Baylis, J. H.
Deuchar, D. C.
Scott, G. W.
Finnegan, T. R. L. (on study leave abroad).
Batty Shaw, A. (Seconded to Bromley Group).

Junior Medical Registrars:
Evans, J. H.
Soothill, J. F.
Williams, J. D.

Surgical Registrars:
Kinder, C. H.
Parks, A. G.
Ellis, F. G.
Williamson, A. W. R.
Lane Roberts, P. A. (Seconded to S.E. Kent Group).
Counsell, P. B. (Seconded to Bermondsey and Southwark Group).

Obstetric Registrars:
Williams, E. A.
Holmes, J. M.
Evans, G. M. (Seconded to Bromley Group).

Genito-Urinary Registrar:
Ferguson, G. G.

Throat and Ear Registrars:
Trethowan, J. D.
Harrison, D. F. N.

Thoracic Surgical Registrar:
Ross, D. N.

Registrars in Diagnostic Radiology:
Simon, M.
Purcell, P.
Medill, E. V. (Seconded to Bromley Group).

Registrars in Department of Physical Medicine:
Morrison, J. B.
Kendall, P. H.
Fulton, J. (Seconded to Bromley Group).

Chief Assistant in Department of Anæsthetics:
Hall, J. M.

Anæsthetic Registrars:
Burns, T. M. (Part-time).
Vale, R. J.

Assistant Hæmatologist and Transfusion Officer:
Stoddart, F. G.

Registrars in Department of Clinical Pathology:
Turk, D. C. (Seconded to Lewisham Group).
Bouton, J.
Chalmers, D. G.
Smith, A. J.
Worssam, A. R. H.
Cecil, J. T. (Evelina Hospital).

Assistant to the Director of the York Clinic:
Hunter, R. A.

Registrars in Department of Psychological Medicine:
Cashmore, A. A.
Greenberg, H. P.
Fisher, K. J.
Vaughan, G. F. (Seconded to Bexley Group).
Johnson, P. (Part-time).
Kaufman, H. (Part-time).

Registrars in Department of Dermatology:
Montgomery, P. R.
Magnus, I. A. (Part-time).

Chief Assistant in Neurological Department:
Mackenzie, I. C. K.

Registrar in Neurological Department:
Kelsey Fry, I.

Orthopædic Registrars:
Brown, A.
Briggs, J. R.

Registrars in the Children's Department:
Joseph, M. C.
O'Brien, D. (Evelina Hospital).

Registrar in Venereology:
Grimble, A. S.

Registrar in the Radiotherapy Department:
Brewin, T. B.

Ophthalmic Registrars (Part-time):
Gregory, Miss I. D. R.
Munro, S. S. F.

Registrar in B.M.R. and Endocrine Department (Part-time):
Hall, P. F.

DENTAL STAFF (Part-time)

Assistants to the Visiting Dental Surgeons:
Bridge, A. J.
Mayhew, R. A. J.

Registrar in Clinical Dental Surgery:
Johns, S. P.

Registrars in Dental Department for Children:
Campbell, A. C.
Kettle, M. A.

Registrars in Department of Dental Prosthetics:
Hardy, D. K.
Neill, D. J.
Scoones, J. M.
Malleson, M.
Morris, P. B.

Registrar in Extractions and Minor Oral Surgery:
Sycamore, E. McK.

Registrars in Department of Preventive Dentistry:
Willcocks, R. W.
Day, R. J. G.
Searle, E. G.

Registrars in Casualty and Examination Department:
Picton, D. C. A.
Rice, V. G.

Registrars in Department of Conservative Dental Surgery:
Grimer, P. T.
London, D.
Rowe, A. H. R.
Whittington, D. R.
Dyer, G. F.
Feaver, R. E.
Haworth, J. D.
Thompson, Miss I. M.

Dental Officer to Salomons Centre:
Loader, G. S.

Orthodontic Assistants:
Bull, C. C.
Kerr, G. A.
Burnapp, D. R.

GUY'S HOSPITAL MEDICAL SCHOOL

The following appointments or re-appointments to the Junior Staff have been made for the Session 1954-55.

Junior Lecturers in Anatomy :
Loeb, J. A.
Longmore, D. B.
Macmillan, I.
Marin, G. A. (Part-time).
Williams, P. L.

Junior Lecturers in Physiology :
Hall, P. F. (Part-time).
Marin, G. A. (Part-time).

Lecturer in Histology :
Thomas, G. A.

Senior Lecturer in Physiology :
Anderson, D. J.

Senior Lecturer in Pharmacology :
Nissim, J.

Junior Lecturers in Pathology :
Bensted, J. P. M.
Dobbing, J.
Missen. G. A. K. (and Gull Student)

Junior Lecturer in Bacteriology :
Anderson, K. F.

Senior Lecturer in Bacteriology :
Collard, P. J.

Junior Lecturer in Chemical Pathology :
Webster, G. R.

Senior Lecturer in Chemical Pathology :
Baker, R. W. R.

Assistant to Director of Department of Medicine:
Allanby, K. D.

Junior Assistant (Research) to the Director of the Department of Surgery :
Hayward, J. L.

Assistant to the Director of the Department of Obsterics :
Bockner, V. Y. (Part-time)

GUY'S HOSPITAL DENTAL SCHOOL

The following appointments to the Junior Staff have been made for the Session 1954-55.

Demonstrator in Dental Anatomy :
Picton, D. C. A.

Assistant to the Professor of Dental Prosthetics :
Neill, D. J. (Part-time).

GUY'S HOSPITAL

ASSISTANT DENTAL HOUSE SURGEONS

October 1st to December 31st 1954

A.H.Ss. for General Duties : Mr. P. J. Wege, Mr. J. N. James, Mr. K. J. Gilbert, Mr. H. C. F. Hudson.
A.H.S. in Children's Department : Mr. B. H. Pritchard.
A.H.S. in Preventive Dentistry Department : Mr. B. T. Davies.

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NURSING NEWS

August 18th to 31st

Entered: S/Midwife I. Bracken.
Left: S/N. J. Parkin.
S/N J. Simms.

September 1st to 14th.

Entered: Charge Midwife M. Macdonald,
S/N J. Whitby.

PASS LIST

UNIVERSITY OF LONDON

Ph.D. Examination for Internal Students

Faculty of Science

R. W. R. Baker

SOCIETY OF APOTHECARIES OF LONDON

D.I.H.

R. L. Luffingham

Final Examination for Licence
August, 1954

Surgery, Medicine, Midwifery

K. S. Jap

THE SOCIETY OF RADIOGRAPHERS

Membership Examination, April, 1954.

FINAL EXAMINATION

Diagnostic Radiography. M.S.R. (R).

Miss A. Arnold
,, A. Dalladay
,, P. Branchflower
,, M. Durham
,, J. Goldsmith
,, W. Green
Miss J. Middleton
,, P. Morris
,, M. Rickards
,, E. Scrivener
,, V. Stobart
,, N. Whelan

Radiotherapeutic Radiography. M.S.R. (T).

Miss A. Martin
,, S. Screech
Miss M. Smith

PRELIMINARY EXAMINATION

Miss I. Clark
,, M. Dickinson
,, E. Elvy
,, S. Guise
,, J. Guthrie
,, V. Jones
Miss P. Raymond
,, J. Smith
,, E. Walker
,, J. Westwood
, J. Worner

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

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Kinder, C. H. Branchial Cyst and Lateral Cervical Fistula. *Brit. J. Surg.*, 1954, **42**, 53.

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MacKeith, Ronald. Teaching Medical Diagnosis. The Use of Films. *Lancet*, 1954, ii, 400.

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CHANGES OF ADDRESS

D. M. Carnegie, M.B., F.F.A.R.C.S., Conduit Lodge, 48 Blackheath Park, S.E.3. (Tels. Lee Green 4424 and Welbeck 3307).

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K. Wilson, F.R.C.S., 10 Harley Street, W.1 and Fallowfield, Hillbury Road, Warlingham, Surrey. (Tels. Langham 4280 and Upper Warlingham 2558).

BIRTHS

CRAWSHAW.—On 25th August, 1954, at Falkland Garth, Newbury, to Elsa (née Newman), wife of Patrick Crawshaw, M.B., B.Chir., D. Obst., R.C.O.G., a son (Hugh Sebastian).

DAVIES.—On 30th July, 1954, to Ann (née Baldry), wife of Dewi Davies, M.D., a son (Philip) a brother to Shan and Hugh.

PHILLIPS.—On 10th August, 1954, at B.M.H. Iserlohn, B.A.O.R. 24, to Lois (née Wolley, S.R.N.), wife of Maj. A. R. Phillips, 31 Field Ambulance, R.A.M.C., B.A.O.R. 14, a daughter (Greta), a sister for Simon.

PINK.—On 24th August, 1954, to Joy, wife of Stanley C. J. Pink, a son (Alistair), a brother for Cheryl and Richard.

MARRIAGE

O'CONNELL—ROBERTS.—On 4th September 1954, at Christ Church, New Malden, Surrey, Michael H. O'Connell, L.D.S.R.C.S., to Pamela Isabel Roberts, S.R.N., R.S.C.N.

DEATHS

ATKINSON.—On 31st August, 1954, in Nuffield House, Guy's Hospital, Cecil Hewitt Atkinson, M.C., M.R.C.S., L.R.C.P.

STEWART.—On 22nd June, 1954, Arnim Fitzwilliam Horatio Stewart, D.P.H., D.T.M. & H., D.C.H., 6 Belmont Circular Road, Port of Spain, Trinidad, B.W.I.

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVIII No. 1727 2nd October 1954 One Shilling

PASSIM

BEFORE our next issue is printed the new academic year will be upon us. Already the familiar crop of notices advertising meetings, dances, trials and clubs are appearing on empty boards or being plastered (as if crowded out from the official notice boards—which is, of course, true) in profusion along the Colonnade. Publicity nowadays wins every time, but how much the Colonnade loses in the indiscriminate paperhanging which goes on throughout the year ! There should be a complete ban on notices which cannot be carried on the recognized boards. Alternatively, let us provide each pillar with suitable frames and so indicate official approval of what can still be passed off as exuberant enthusiasm. But long may such official approval be withheld ! All this, however, is by the way. The schools of the Hospital are more than usually active just now. Lights burn late in offices. New paint gleams in classrooms. Full bottles of variegated reagents grace the shelves of lab. and lecture room. Mounds of stationery are consumed daily by noisy typewriters only to be disgorged anew and swallowed once more, though silently, by the crimson lips of the nearest letter box.

Of all this the *Gazette* is aware. To all this we shall attempt to do justice in our next issue which will be a Special Number containing additional pages and including a full list of all the new students whom we shall welcome here during the coming week.

Next week we welcome a most distinguished American physician to Guy's. Dr. Robert W. Wilkins of the Massachusetts Memorial Hospitals is going to lecture to us on *Rauwolfia in the Treatment of Essential Hypertension*. His lecture is at 1 o'clock on Tuesday, 5th October, and we hope that it will be well attended.

We offer our very warm congratulations to Dr. P. E. Polani of the Department of Child Health on his new appointment as Research Physician to the National Spastics Society. Those of us who have spent any time in that Department know of Dr. Polani's enthusiasm for and very wide knowledge of that interesting link between pædiatrics and neurology which is provided by the cerebral palsies. The National Spastics Society is organising a research project and this is, we are sure, long overdue. The spirit of the voluntary organisations evidently still has an important place, even in these days of state medicine.

Dr. Polani and his colleagues will have a plentiful field of research for there are many thousands of spastics in Britain with a considerable annual recruitment to their melancholy ranks. The problem of the spastic child has been tackled with enthusiasm, skill and great sympathy by workers in several centres in Britain. No two centres have adopted the same lines of treatment and it will be interesting to see if the National Spastics Society can correlate the experience gained by all the schools of thought so that the relative merits of various regimes can be appreciated.

This ambitious research project will have the sympathy of all doctors, teachers and, of course, above all the parents of these sadly afflicted children. The development of mechanical aids and the application of orthopædic methods can undoubtedly do a great deal more for spastics in the next few years. We hope that we will frequently be seeing Dr. Polani at Guy's and that he will be able to tell us from time to time of the progress of his researches.

The Guy's Science Club, which has now flourished for many years, opens its new session on October 13th. Professor Bennet-Clark, who holds the chair of Botany at King's College, London, will address the club on *Water Uptake and the Growth of Plants.* Mr. G. E. H. Foxon is to be chairman at the meeting. The Science Club plays a very real part at the postgraduate level in Guy's and is open to all members of the staff of the Hospital and its schools.

We were sorry to hear of the accident that complicated the holiday of two well known Guy's sisters. Sister Smythe (*Christopher*) and Sister Cooper (*Wilks*) were both shaken up and Sister Cooper received an injury to her back when their car was overturned. We wish them (and Sister Cooper in particular) a rapid return to health and duty.

We don't quite know what will be the last straw. However, one thing is sure. The medical camel's back will not bear many more such as the recent abominable insult to doctors by some members of the T.U.C. The Trades Union Congress is a body of the elected representatives of Trades Unions. Whether or not it fulfils any useful function in industry is a matter for industrialists and their employees to decide for themselves. One thing is, however, absolutely sure and that is that they have no right at all to include in their deliberations the conditions of the surgeries of doctors who happen to attend their members. Considerable publicity was recently given in daily papers to the announcement that the T.U.C. is to investigate the draughty and depressing conditions of doctors' surgeries. They will be well advised to keep themselves strictly to their own business, to set the trades union mansions in order before they attempt to interfere with doctors, who, unlike trades unionists, contrive to work for years on end without strikes, official or unofficial. Meanwhile we hope that any busy-bodies from the trades union hierarchy who visit doctors' surgeries for such unprofessional reasons will be politely but firmly shown to the door.

We appeal for more Nursing News. Guy's nurses, physiotherapists and radiographers feature too little in the *Gazette*. News of their activities both here and in the outside world will always find a place in these columns. Please send us news of them—wherever they are.

GUY'S DIARY

OCTOBER			Exhibition. Department of Surgery. *Bone Tumours.*
3rd	𝔖		**Harvest Festival.** Guy's Hospital Chapel.
		7.00	Holy Communion.
		10.45	Service and Address. Rev. Dr. N. R. Bishop.
5th	T	1.00	Dr. R. W. Wilkins. (Massachusetts General Hospital, U.S.A.). *Rauwolfia in the Treatment of Essential Hypertension.*
8th	F	1.00	Dr. Earle Moore (Johns Hopkins Hospital, U.S.A.). Clinical Lecture.
		2.15	Combined Round. Pre-clinical Classroom.
9th	S	10.00	Mr. J. M. Pullan (St. Thomas's Hospital). Departmental Round. Clinical Theatre.
			Rugby 1st XV *v.* Aberavon (Aberavon).
13th	W	4.45	Science Club. Professor T. A. Bennet-Clark (Professor of Botany, King's College, London). *Water Uptake and the Growth of Plants.*
14th	Th	5.00	Mr. Murray Falconer. Neurosurgical Demonstration. Clinical Theatre.
15th	F	2.15	Combined Round. Pre-clinical Classroom.
16th	S		Rugby 1st XV *v.* Bedford (Bedford).
18th	M	1.00	Dr. Earle Moore (Johns Hopkins Hospital). Clinical Lecture.

OBITUARY

CECIL HEWITT ATKINSON, *M.C.*, M.R.C.S., L.R.C.P.

J.W.S. sends us this additional note :

Well known though he must have been to many senior Guy's men, I feel that I should like to pay a tribute to my old friend Cecil Hewitt Atkinson, who died on the 31st of last month.

I worked with him for about 26 years, and could not possibly have had a better and more agreeable colleague. That he was a man of great courage emerges not only from his Military Cross and two bars, but also from his courageous and cheerful recovery from several severe strokes of adversity—his loss of an eye; his recovery from an abdominal disaster, usually fatal; his loss of his excellent practice at the beginning of the second world war; and, when he had once more refloated this practice, the loss of it once more through the National Health Service which he firmly refused to join. These loads cannot have failed to hasten his end, but at the time of their occurrence his cheerful courage was really remarkable.

I shall always think of him as an ideal doctor, not only conscientious and unsparing of himself, but also possessing the art of inspiring cheerful confidence and affection in his patients. It will be a long time before I can completely grasp that he has gone.

Sixty Years Ago

From Guy's Hospital Gazette, 6th October, 1894.

. . . Dr. Wilks proceeded to discuss the opportunities which lay before them when qualified. There was the duty to the individual patient, the consideration of the public health, the discovery of disease germs, and, if possible, of how immunity might be obtained. All that came within the scope of the doctor at the present time; but what the future might require of them it was hard to say . . . The tendency of the times was in the direction of Socialism, and there was no knowing how far the people might go on placing their individual liberties under the control of Government . . . He did not think the time had quite come when marriages and courtships would have to be referred to the County Council, although he had read lately that shaking hands and kissing had been made offences in Russia.

THE MANAGEMENT OF HYPERTENSION

A Clinical Lecture given at Guy's Hospital Medical School on 23rd July, 1954.

By RALPH KAUNTZE, M.A., M.D. (Camb.), F.R.C.P.

UNTIL recently the diagnosis of hypertension has been synonymous with mild sedation and a watching policy. Now that there are available certain potent hypotensive drugs it is important that we should reconsider our views of hypertension, particularly in regard to treatment. The blood pressure, as represented by the systolic level, is the resultant of the cardiac output and the elasticity of the major arteries, particularly the aorta. With progressive degeneration of elastic tissue and generalised atheroma, it is usual for the systolic level to mount, yet for the diastolic to remain little changed. The diastolic level however is the product of the cardiac output together with the tone in peripheral arterioles. The diagnosis of systemic arterial hypertension is dependent purely on the diastolic pressure and a reading of more than 90 mm. Hg. after ten minutes' rest, or a casual reading of more than 95 mm. Hg. warrant the diagnosis of hypertension. From this it will be seen that hypertension may at times be present with a low systolic, as for instance in aortic stenosis, and that in older subjects there may be a reading such as 190/90 in which there is no arterial hypertension, but merely the measure of aortic atheroma. This simple point has on occasion been overlooked and the lethality of hypertension has been understressed due to the overweighting of experience by cases of simple or preponderant atheroma. Leishman (1953) observed 151 hypertensives aged less than 60 for periods of two and a half to five years, during which the death rate was 51 (34%) and in men alone 44%. Hypertension of whatever ætiology is potentially a mortal disease and in men this is particularly so.

As hypotensive measures are directed against certain aspects of the hypertensive process it is as well to re-examine briefly the ætiology of hypertension. Conventionally there are the essential primary varieties, benign or malignant, in which the difference lies in the height of the diastolic tension, reflected in the retinæ as papillœdema. The symptomatic groups are the outcome of renal, endocrine or cardiac disease, or rarely of raised intracranial tension or increased blood viscosity ; and again whether the hypertension is in the malignant phase is mainly an expression of the diastolic level. It is customary now to regard the blood pressure as being controlled by humoral and neurogenic factors. The work of Goldblatt (1934) and Byrom and Wilson (1938) has emphasised the role of renal ischæmia. Such ischæmia and not renal insufficiency yields renin—a pressor substance isolated in 1898 by Tigerstedt and Bergman. Renin interacts with hypertensinogen, an alpha globulin from the liver, to produce angiotonin and thus arteriolar constriction in the presence of an intact adrenal gland (Page and Lewis, 1951). There are other vaso-excitor and vaso-depressor materials elaborated in the kidney and liver respectively (Shorr, 1937). Apart from these, the combined neuro-humoral responses by way of the pituitary, adrenals and kidneys as the outcome of stress are in accord with the concept of Selye (1949). However, I very much doubt whether stress plays any major part in the genesis of chronic severe hypertension. It has for too long held a facile place in ætiology.

The blood pressure in hypertension, no matter how induced, is peculiarly susceptible to lowering and by a wide variety of agents. I propose discussing some of these and considering the indications for their use. In brief such measures consist of rest, diet, drugs, pyrogens and surgery. That rest will lower the blood pressure in the early stages of the syndrome is apparent to all, and although it may be used as an ancillary, it will not of itself be sufficient later adequately to control symptoms and yet be compatible with a reasonable existence. In a similar category is simple sedation. It has long been known that hypertension was uncommon in Eastern races and that even in Europeans long resident in the East, the incidence of hypertension was low. Kempner (1948) has introduced a diet of rice and fruit juice, the hypotensive effect of which has been rapidly confirmed. Yet there must be few physicians with a personality such as to keep their patients indefinitely on such a regime. Alternatives are restriction of the sodium ion, both in cooking and at the table, or the use of kation resins in the ammonium and potassium phases. Neither measure will adequately control severe hypertension, yet they may be a useful adjunct to treatment, particularly where left ventricular insufficiency is a feature and where renal failure is not present. The blood chemistry (sodium and potassium) will need periodical checks, particularly during the earlier stages of treatment with the Kation resins. There is evidence from the United States that the blood pressure can be lowered temporarily by artificial fever and that concurrently the renal blood flow is increased, but of this work I know little. I cannot think it holds much promise. As regards surgery, some experience of lumbodorsal sympathectomy is general: it has the advantage, inherent in surgery, of continuity of treatment, although there is usually some re-establishment of the sympathetic nervous system. The operation is profoundly dangerous in malignant hypertension and unjustified in most less severe cases. It has an occasional place in the treatment of unilateral renal disease where the damaged kidney is removed. Certain other procedures such as partial or bilateral adrenalectomy, first employed in Cushing's syndrome and subsequently more generally advocated, are in my limited experience not very satisfactory.

Before considering the drugs and these are many, may I stress the importance of regular venesection as a mild hypotensive measure and as associated with considerable symptomatic relief in the plethoric hypertensive. The drugs can be grouped into those with a mainly central action such as l-hydrazinophthalazine, dihydrogenated ergot, thiocyanate, veratrum and rauwolfia, and those with peripheral action, dibenamine and benzyl imidazoline and the ganglion blockers hexamethonium and pentamethonium. There are objections to all of these drugs.

In 1950 Gross, Druey and Meier described the hypotensive action of l-hydrazinophthalazine and Reubi (1950) the concurrent increase in renal blood flow. The drug action is partly central, but there is as well a blocking effect yielding postural hypotension. Strangely it inhibits humoral pressor agents such as angiotonin and pherentasin (Taylor et al 1951). The renal hyperæmia, which is without change in the glomerular filtration rate, is accompanied by but is less than proportionate to a raised cardiac output, which is due in part to an increase in stroke volume, although there is also tachycardia. Partial tolerance to the drug is rapidly acquired. There is the danger of agranulocytosis inherent in its chemical constitution, although I do not recall this being reported. Dihydrogenated ergot is theoretically an ideal drug yielding central vasodilation, bradycardia and sedation. Unfortunately tolerance is rapidly acquired ; it is thus unsuitable for continued administration. Thiocyanate has been used over the years, sometimes with quite startling success, yet the blood levels must be constantly maintained between 8 and 12 mg. per 100 ml. and I am doubtful whether it is a practical measure out of hospital. Its full action is slow in developing and it has been suggested that this is from depression of the adrenal cortex (Davis, 1950). Sodium nitroprusside has been given by Page ; the toxic effects are similar—rashes, anorexia, drowsiness and confusion.

Veratrum viride has enjoyed a dubious reputation extending to ancient times. It was used in emergency by certain obstetricians, but its more general oral use awaited the preparation of standardised, stable, reproducible mixtures of the ester-alkaloids. Subsequently two of the hypotensive alkaloids have been isolated in pure form, germitrine and germidine. The main effects of veratrum are hypotension, bradycardia and emesis. Unlike methonium which blocks the efferent impulse, veratrum acts mainly on the afferent vagus and the central nervous system direct, producing arteriolar dilatation, most of which is in fact central in origin. In clinical practice the Von Betzold reflex is of only slight importance. Injected intravenously veratrum produces a profound fall of blood pressure which can be readily neutralised by ephedrine. The bradycardia is abolished by atropine, yet the normal heart rate is not associated with the return of the blood pressure to normal. By the mouth hypotension results, yet the margin between this and nausea and emesis is slight. Even the pure alkaloid germitrine carries the toxic and hypotensive effects in like proportions. It seems that they are an inherent property of the hypotensive character of the drug. A further unpleasamt side action may be substernal pain somewhat similar to that of angina pectoris, presumably due to vagal stimulation of the œsophagus.

Rauwolfia serpentina is the most recent introduction into hypotensive therapy. The product of an Himalayan shrub, it has been clothed with much of the glamour of the East. It is said to have a hypotensive action of central origin, to yield bradycardia and a remarkable emotional calm. It has been used considerably in labile hypertension and it has been said to lower the blood pressure effectively in some 50% of patients (Ford et al 1953) and this without objectionable side effects, its toxicity being limited to nasal stuffiness, drowsiness and an accasional rash. I was interested in the drug as regards its described synergistic or additive properties. Obviously with a drug like l-hydrazinophthalazine which inevitably produces tachycardia, the addition of rauwolfia might overcome this, and it is said that the dose of l-hydrazinophthalazine can be reduced and yet control of the blood pressure remain adequate. Dr. Joiner and I (1954) have had some experience of rauwolfia in conjunction with veratrum, and although mild hypotension is undoubtedly produced with the drug, the additive effect was only apparent in three patients out of ten and on increasing the dose of rauwolfia, the hypotensive effect was not more marked. We concluded that the combination of rauwolfia and veratrum was not particularly successful. Rauwolfia however, has, been said to be useful in conjunction with hexamethonium, but my impression of this combination in severe hypertension has not so far been enthusiastic.

Dibenamine has been somewhat unreliable and the other adrenergic blocking agent benzyl imidazoline is more suitable for peripheral vascular disease than the control of hypertension.

Finally the methonium group, which are the most potent hypotensive agents. The ganglion blockade affects both sympathetic and parasympathetic fibres, but not the neuro-muscular juncture ; the hypotensive response is associated with the upright position, and this hypotensive response and the compensatory tachycardia can be abolished by immersing the patient to the neck in a swimming bath or lessened by abdominal binders and bandages. Oral therapy is always open to the objection of a variable rate of intestinal absorption, and even if the drug is administered after food there are still profound vagaries governing the resultant blood concentrations. These are not encountered in the course of parenteral therapy and it has seemed to me that where a drug as potent as methonium is to be used, the intestinal route is too dangerous. There is the risk of bromism ; unfortunately the bromide derivative is more readily absorbed than is the chloride or bitartrate and is the best preparation. Then there is ileus which has led, on occasion, to death. Since 1952, I have used hexamethonium only by subcutaneous injection, latterly in the slower acting forms.

At the end of 1952 a questionnaire concerning the treatment of hypertension was submitted to fifteen physicians and later presented at the New York Academy of Medicine. All fifteen observers had used hexamethonium, eight ergot derivatives, and thirteen veratrum viride and hydrazinophthalazine, chiefly in hospital for severe hypertension. The majority reported uræmia the main contraindication, but thought these drugs unsuitable in early benign essential hypertension and that they should not be widely used until their actions were more fully studied. Opinions still differ as to the advisability of treatment in hypertension ; I shall therefore set out my own procedure and attempt justification in passing.

Every case of hypertension should have this diagnosis qualified as to ætiology, and where a family history is lacking in the younger subject, or there is a suggestion of recurrent urinary infection, or a paroxysmal character to the hypertension, then the exclusion of renal disease, particularly unilateral, and of the chromaffinoma is important : these are surgical problems and are in practice uncommon. I make no further reference to coarctation of the aorta, for the routine palpation of the femoral arterial pulses will ensure such a condition not being overlooked.

Should symptomless essential hypertension be ignored ? I think not, particularly in the male. With a diastolic level below 120 mm. Hg. after 5 minutes' rest, the patient needs only observation at three monthly intervals and some supervision of his work and diet. It is nonsense to suggest that neurosis is so engendered, the neurotic is such with or without medical supervision. No one has yet railed against mass radiography on the ground that it will induce neurosis. Adequate holidays, rest and fresh air are all within the province of the doctor, perhaps of late years a neglected territory. Hypertensive patients are better somewhat under weight and this must be enforced. There is, of course, no virtue in the avoidance of red meat. The patient whose blood pressure shows on repetition an upward trend or the male patient with a resting diastolic level above 120 mm. Hg. needs more active treatment. Phenobarbitone or sodium amytal together with sodium restriction have been my usual preliminaries and thence I have aimed at a diastolic between 95-105 mm. Hg., towards which I have used veratrum or rarely l-hydrazinophthalazine. With veratrum I give 4 mg. Veriloid three times a day after food, with an interval of not less than 4½ hours between doses. Should nausea or vomiting occur, the patient is instructed to lie flat and if the symptom persists for over half an hour, to halve the subsequent dose. After four days the first and last doses are if necessary increased, thence the middle day dose, but I do not give more than 21 mg. daily. With such a regime Dr. Trounce and I (1951) found that although Veriloid by mouth would lower the blood pressure in about two-thirds of hypertensives, in half of these the hypotensive level so closely approached the toxic as to make its daily use out of hospital unsuitable ; this left about 20-30% in whom the drug might be a fairly satisfactory hypotensive agent. In this latter group, and I must emphasise its smallness, well-being may be maintained and the patient continue at work full-time ; the dosage, however, needs continuous supervision and the co-operation of a sensible patient, since sensitivity may change after months of administration. After 3½ years use of the drug, I think that our first assessment of it has proved right and that it is not effective and practicable in more than 20% and effective treatment is not synonymous with normotension. We have still a few patients with moderately severe hypertension who have survived this period still taking Veriloid—notably a newspaper editor who works inordinately hard ; but most of the survivors have been changed to parenteral hexamethonium. The toxic effects of veratrum are inseparable from the hypotensive activities, both centres are in juxtaposition in the medulla, this has been a grave disappointment ; phenobarbitone makes the patient less susceptible.

L-hydrazinophthalazine (Apresoline) may be used in similar moderate hypertension. Although increased renal blood flow ensues there is also the supreme disadvantage of an increased cardiac output. Angina was noted in a quarter of the patients treated by Harris and Turner (1954) and coronary occlusion has also been recorded. Other toxic symptoms are headache and weakness (50%) often disappearing later, anorexia in a third and a drug reaction (joint pains, malaise and fever) in about a tenth. Partial tolerance is rapidly acquired ; the initial dose is 10 mg. q.d.s. (after meals and at night) thence the dose is raised at four day intervals up to an adequate hypotensive response or a maximum of 800 mg. daily. I have not had great experience of the drug, but have not found it satisfactory in moderate hypertension. Enthusiasm, where normotensive levels have been maintained in up to 25% patients, has been mainly in those treated over comparatively short periods.

I shall not consider treatment with oral hexamethonium, as I think it too dangerous in moderate and ineffectual in severe hypertension. Now with veratrum or l-hydrazinophthalazine there is at most a 25% chance of sustained improvement in the diastolic level, whether the same or different 25% I do not know ; but in America there has been enthusiasm for combinations of various hypotensive drugs and particularly to use them with rauwolfia serpentina. My experience with Dr. Joiner (1954) of this drug combined with veratrum, has not been particularly favourable, but with oral methonium it may be more successful. Yet this I would rather doubt, for the vagaries of intestinal absorption are such as to preclude any reliable and uniform effect from a drug which has a critical level of action and to be effective the hypotensive agent surely must have this.

In the severely hypertensive group with a diastolic pressure in excess of 130-140 mm. Hg., headache, encephalopathy, retinal, renal and cardiac damage are frequent and treatment is imperative. Hypertensive headache is felt mostly at the back of the head and neck, present on waking and pounding on stooping, it is common only with diastolic readings in excess of 120 mm. Hg., and concurrent increase in the cerebrospinal fluid pressure. Papillœdema, the essential for the diagnosis of the malignant phase, like hæmorrhage and retinal œdema is merely expressive of the severity of the disease and the speed with which the diastolic pressure has risen : but it means that the diastolic must be reduced to around 100 mm. Hg. for much of the day, if the condition is to regress ; although there are rare examples of this having occurred spontaneously. Similarly lowering of the diastolic level is followed by a fall in the cerebrospinal fluid tension.

The factors underlying cardiac failure are threefold, increased filling pressure, myocardial inefficiency, and increased peripheral resistance ; and the third is not the least frequent. Orthopnœa, nocturnal dyspnœa, pulmonary œdema and presystolic gallop rhythm will all disappear with reduction in the diastolic blood pressure. Simultaneously the heart becomes less dilated. This factor of simple mechanical strain on the left ventricle is of profound importance, it is reversible and is a further reason for treatment.

Although veratrum intravenously will dramatically lower the blood pressure, there is only one outstanding group for subcutaneous use, namely the methonium derivatives. It is this group which has changed, although unfortunately often temporarily, the outlook of malignant hypertension and made redundant lumbodorsal sympathectomy. Subcutaneous injection, in the absence of congestive failure makes sure that absorption is both regular and relatively rapid. Most of the drug is fairly quickly excreted in the urine, and in the absence of renal failure, action is limited to four hours ; a disadvantage partly overcome by the slower acting preparations.

Parenteral methonium treatment entails admission to hospital at the outset. After the usual investigations of heart and kidneys, a test dose of 25 mg. is given intravenously the effects of which are quicker and the patient's response in recumbent and erect blood pressures noted. If the response is trivial, then a further dose of 50 mg. is given next day. From such observation assessment of the patient's suitability and the necessary subcutaneous dosage is easy. Usually a start is made with 25 mg. three times a day and the dose increased until the diastolic is 100-110 mm. Hg. erect three hours after injection. This means that the patient will almost certainly need to lie down for 40 minutes or so after each injection, but in general the patient should be propped up or ambulant to benefit from the orthostatic hypotension. Within 3 to 4 weeks partial tolerance to the hexamethonium is acquired and the dose fixed. During this period the patient learns to administer his own injections. Thence checks are made every month to see that the blood pressure is still controlled. These entail the attendance of the patient at hospital or may equally be made by the patient's own doctor. On occasion I have furnished the wife of an intelligent patient with a mercury manometer and asked her to make readings ; for obvious reasons such a course is exceptional. The dosage may need to be 150 mg. t.d.s. or even more. The slower acting preparations as described by Smirk (1953) have improved matters, allowing for only two injections in the day—but there is no denying that such treatment is a considerable imposition, but then so is the disease. The side effects are difficulty in accommodation, dryness of the mouth and constipation. The first is usually trivial, the second responds to injected pilocarpine (at the time of the hexamethonium injection) and the third is amenable to laxatives. Finally treatment needs close supervision. The benefits are remarkable, the gradual resolution of the eyeground changes, the immediate relief of headache and concurrently a lowering of the cerebrospinal fluid pressure (Harington and Rosenheim, 1954), and the improvement in left ventricular failure. Hypertensive encephalopathy and acute pulmonary œdema are both equally amenable to intravenous hexamethonium and the *status quo* may be subsequently maintained by the subcutaneous route. A similar result occurs with veriloid intravenously, but I have found this less satisfactory intramuscularly.

Glomerular filtration does not appear to be further impaired by hexamethonium and moderate renal failure is no contraindication, the spacing of injections may thereby be much lengthened.

The only immediate yardstick of a hypotensive drug is the diastolic pressure and where uniformity of action is essential the parenteral is the only route. Where eyeground changes are already stage III or IV (Wagener and Keith, 1939), or left ventricular failure well marked, then regression will only occur safely with hexamethonium and this parenterally. It is at present the treatment of choice in malignant hypertension, hypertensive left ventricular failure and progressive or severe hypertension in the male ; this in the full realisation of the imperfections of the treatment, which do not, however, include deterioration in renal function, nor increase in the cardiac output. As regard oral therapy, no matter what the hypotensive drug, I have found this so frequently unrewarding in moderate hypertension that apart from hospital patients in whom the effects can be more readily studied, I now rarely use this route.

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MYXOMATOSIS: A Note

By E. J. MOYNAHAN, M.R.C.P.

MYXOMATOSIS is a disease caused by a virus, and is found in nature to infect the South American native rabbit or tapeti (*Sylvilagus brasiliensis*), in whom it causes a non-fatal disease. It has been transmitted to wild rabbits and laboratory rabbits, in whom certain strains of the virus cause a highly fatal disease, characterised by swelling of the eyes, eyelids, face and ears, and occasionally of the genitalia. The disease has been introduced in Australia on more than one occasion in an attempt to reduce the rabbit population there, and was not successful until recently. It has been estimated that four-fifths of the rabbit population have been destroyed by this disease, to the great economic advantage of agriculture there.

In South America it is carried by mosquitoes, and there is evidence that mosquitoes, and possibly other insects, transmit the disease to rabbits in Australia. It is probable, too, that insects have been responsible for the spread of the disease in France and North West Europe where, following the deliberate introduction of the virus into wild rabbits by a French doctor on his country estate, the disease has spread rapidly since 1952. In September 1953, the disease appeared for the first time amongst wild rabbits on the Kent and Sussex border, and since then has spread sporadically throughout the United Kingdom. There can be no doubt that the spread of myxomatosis has been of great economic advantage to Australia, and it has been estimated that there would be a comparable gain in this country if the wild rabbit population could be considerably reduced.

There have been several reports of human infection, but there is no evidence that any animal, other than rabbits and hares, can be infected. No case diagnosed as such in humans has been subsequently confirmed.

I was asked, at the request of the Ministry of Health, to see the first alleged human case in this country last Autumn. The patient was a pest control officer who had been employed in the destruction of diseased animals, and in the disposal of infected carcases of rabbits who had died in the first outbreak of myxomatosis in these islands. Shortly after he had been engaged in this work, he developed a conjunctivitis of one eye, which responded quickly to one of the usual remedies prescribed by his doctor, but a day or two after this he developed a bullous eruption on his face with an associated submental lymphadenitis. His doctor treated this with penicillin cream, but the response was slow, and penicillin may have aggravated the condition a little. His wife, noticing a resemblance between her husband's symptoms and those of myxomatosis in the wild rabbit—swelling of eyes and eyelids, with an eruption on the face—concluded that her husband had contracted the disease, and in spite of the reassurance of her doctor, reported it to the press. The patient gained some public prominence by appearing in a popular television party game, and the press had some interest in him. As a result of this publicity the Ministry of Health was anxious that a diagnosis should be established.

When I saw him he had a few crusted impetiginous lesions on his chin, with a little œdema, and the submental glands were still enlarged. The conjunctivæ were clear. His temperature and pulse rate were normal. There were no abnormal signs in any other system. He was given a course of aureomycin by mouth for the impetigo, and discharged home three days later.

It is probable that other alleged human cases will arise, particularly in rural areas, in the next few years while the epizootic of myxomatosis remains with us, and the following conditions may well be mistaken for it, due to their superficial resemblance to the disease in the animal :

Bullous erythema multiforme.

Stevens-Johnson's syndrome.

Atypical cases of *chicken pox* and *small pox.*

Human foot and mouth disease (which rarely occurs in Britain), and perhaps *bullous dermatitis herpetiformis*, particularly in the aged, and possibly,

Early cases of *pemphigus*, particularly when the eyes are involved.

It is impossible to say that no human cases of myxomatosis will occur, particularly as the virus seems to be unstable, but it is highly unlikely, and practitioners should bear the other conditions in mind.

Practitioners may also have to deal with localised infections due to common pyogenic organisms, e.g., septic wounds of the hand—in persons who have been in contact with rabbits known to have myxomatosis and these, too, may be thought to be myxomatosis by the patient and his relatives. Such lesions are not uncommon in those who handle animals of all kinds, but when public emotion is raised to a high pitch, as it has been over myxomatosis, the importance of recognising them for what they are cannot be overstressed.

MR. GUY'S HOSPITAL

This month an important new History of Guy's Hospital will be published. Officially sponsored by the Board of Governors, it is from the pen of Dr. H. C. Cameron who for many years was a member of the Staff and is now Consulting Physician Emeritus to the Department of Child Health. We are printing here some short extracts from the book which is entitled Mr. Guy's Hospital *and a further selection will be included in our next issue.*

EXTRACT I

THE HOSPITAL IN THE EIGHTEENTH CENTURY

LITTLE is to be gathered from the Minutes of the General Court or of the Court of Committees about the building of the front Court of the Hospital. It is recorded only that Mr. Dance and Mr. Stear presented plans on 11th May, 1738. There is however still in the possession of the Hospital the ledger, bound in marbled covers, which contains particulars of all payments made for " The New Buildings, 1738–1745," that is for the erection of the east side of the front court. It is marked " Proposals for doing the several Works in the new Intended additional Buildings to Mr. Guy's Hospital". There are also detailed specifications for all the work, signed by the mason, the bricklayer, the plumber, the carpenter and every workman involved, each of whom made a separate contract. Mr. Porter, the mason, fell into sad disgrace because of his dilatoriness and narrowly escaped having to forfeit £200 in consequence. Time was to show that it was not Mr. Porter's work that proved defective but that of the carpenter and the tiler, to the great cost of the Hospital. There is a list of special payments. Mr. Scheemakers received £11 12s. for moving his statue of Guy to its present position. Mr. Darby was rewarded with £6. 2s. 6d. " for carving the ballusters of the great staircase " and the " Flower Pieces " of Mr. Cooper cost £5—things of beauty at small price. One entry in the Minutes of the time tells us something of the origin of the choice pieces of early eighteenth century furniture which added charm to the fine rooms in the Treasurer's House. On 12th January, 1739 (OS) the Court of Committees, because Mr. Hollister, the Treasurer, had been houseless during his first two years of office, proposed to make a grant to him of two hundred guineas in lieu of rent or " if that should not prove agreeable to him that the same sum should be laid out in furnishing part of the house now erecting for his use." The Treasurer replied in stately and ceremonious terms, " that he must be excused from accepting any money but that he would not take upon himself to disapprove their providing part of the furniture of the house which was designed for his use."

On 19th October, 1739, the Treasurer was desired " to give directions for moving the statue of Thomas Guy Esq. into the First Square of the Hospital " to take up the position it has held ever since. A model of the statue had been submitted to the Governors on 31st March, 1731, by Scheemakers, who attended the Court and was commissioned to cast the statue in brass at a cost of five hundred guineas. And a worthy statue it is. It shows Guy in his old age, a benevolent figure in civic robes, facing the gateway as though to greet anyone who sought admission to his hospital.

Mr. Hollister was a most industrious Treasurer of the Hospital for four years from 1738 to 1742. Two note-books of his survive which are headed " This is a memorandum Book Relating to the Affairs of Mr. Guy's Hospitall." Both are carefully indexed—" The Alphabet or Index of this Volume." To their pages he has confided all his difficulties and cares. In written estimates of the character of some of the Hospital servants, he shows a fine choice of epithets. The Beadle, Voughton, probably a humble relative of the founder of the Hospital, was high in his favour, " a very sober, diligent, quiet, modest man and much deserves favour and encouragement." Of the Porter, Woodhouse, on the other hand, he had the poorest opinion, " a noisy, expensive, dissolute, encroaching fellow." He thought some too well paid, " It is necessary to pay a sister £25 per ann. and a keeper £35 per ann. for looking after 20 Lunatick patients ? Surely it is too much ? "

Clearly he had great trouble with Mr. Matthew, the Clerk with so many perquisites, and he made careful computations of his excessive earnings which he was determined to cut down. He never succeeded in understanding Mr. Matthew's accounts and after one attempted analysis of them headed " A general view of Mr. Matthew's Accounts and Profits," he added a despairing note " the above is besides very many articles to me unknown." At the height of the dispute, however, Mr.

Matthew's death resolved the difficulties. In general one gets the impression that Mr. Hollister was not altogether pleased with the state of things as he found them. It is possible that in his later years Mr. Joye had been unable to cope with the task of acting as Treasurer to two great hospitals. Mr. Hollister died in 1742. His body lies in the crypt of the Chapel.

EXTRACT II

THE OPENING OF THE COLLEGE

That the School needed a residential College there could be no doubt. Lodgings in the Borough were hard to come by and had grown even less attractive than they had been early in the century. The whole character of the social life of the student was changing. Recreation had ceased to be a word used only in official documents and in the mouths of ardent reformers, like its present day successor "rehabilitation." Medical students, like the youth of the country elsewhere, were beginning to demand opportunity for organized games and for means to obtain exercise in the fresh air. The minutes of the Court of Committees on 16th December, 1886, record that an application had been received from the Secretary of the Tennis Club asking for leave to make two tennis courts on vacant land, the property of the Hospital, in Nelson Street, Bermondsey. It was granted. One wonders what the surface of those early courts was like and if grass grew in the sooty soil of the derelict plot of ground in a place seemingly so unpropitious as Nelson Street. On 14th December, 1887, similarly leave was given " to fit one of the empty wards [in Hunt's House] as a gymnasium provided no inconvenience is caused to people on the floor below."

Something to serve as a club room had also been improvised. The earliest mention of a " refreshment room " occurs in the Staff Minutes for 22nd May, 1882, when Dr. Taylor, the Dean of the Medical School, was able to report that he had overcome all the difficulties in the way of securing permission to sell what he calls excisable liquors in the refreshment room. Perhaps however it was the Staff and not the students who were thus encouraged to refresh themselves. On 6th April, 1888, another of the empty wards was allocated to form a Students' Club. At least it provided somewhere to rest for a moment during the long hours spent in the Hospital.

Now all this could be transferred to the new building which must be designed to provide the necessary accommodation. The sub-committee reported that " as the empty ward at present occupied by the Guy's Hospital Students' Club may, and it is hoped will, again be required for the reception of patients they have at the same time considered whether a Dining Hall and other rooms for the use of the Club might not be provided in the proposed College."

The recommendations of the sub-committee were adopted with but little change and the College was duly built on the site in Maze Pond which had been kept for it so long and which at one time had come so near to being lost.

The Architect, Mr. J. H. T. Woodd, was limited to a comparatively small sum—the total cost of the buildings was £21,000—but all the various wants were met. Sixty years later we may bewail its modest dimensions and compare it unfavourably with more modern buildings devoted to the same purpose but at the time it was a source not only of satisfaction but of pride. On 29th March, 1890, the issue of the *Guy's Hospital Gazette* is loud in praise of the comfort and convenience of all that was provided in this first residential College at a School of Medicine.

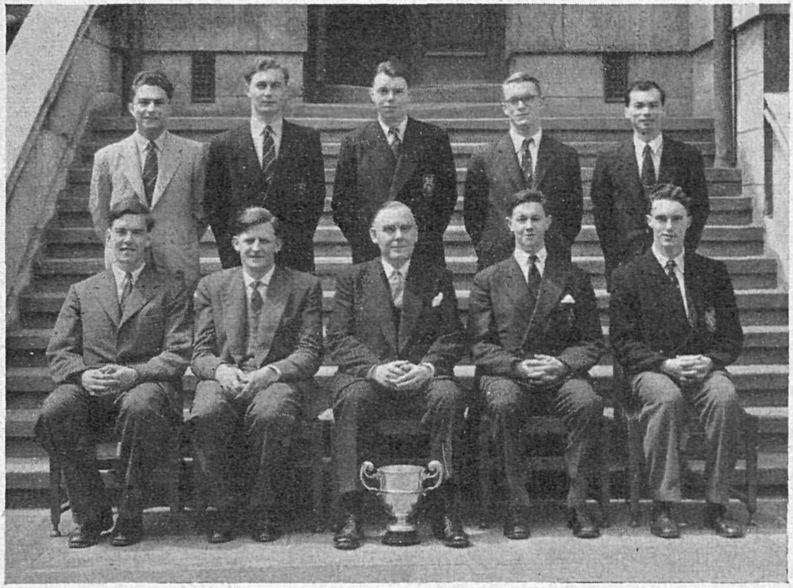
On 26th March, 1890, the College was formally declared open by the senior Governor of the Hospital, the Rt. Hon. William Ewart Gladstone. The Dining Hall was filled for the first time by a distinguished company of guests who, after lunch had been served, listened to a speech of great length but of equally great interest from the most famous statesman of the day. Mr. Gladstone asked his audience to allow him to carry them back some fifty years to a time when he was a pretty constant attendant at Guy's and had taken his share in the discharge of such duties as appertained to the position of a Governor. It had not been want of will, but want of power that had reduced him to a condition of total inefficiency. Later, in his speech, he congratulated the profession on being entirely self-supporting and making no demands upon the public purse. Therein, he said, lay its strength. " Rely upon it, that principle of self-support does much to maintain its honour and its independence." In expressing these views Mr. Gladstone, it would seem, was in no way in advance of his time. Towards the end he spoke of the College as an aid " to the elevation socially and personally, of the medical student as such." He referred to the publication fifty years before of the well-known book by his friend

Sir Henry Acland, then a student at St. George's Hospital, in which he set forth the difficulties, the hardships and the temptations that beset a medical student in the London of his day. The College would provide " care, order, discipline and foster association, gathered together within common walls."

Mr. Lushington, the Treasurer, in thanking Mr. Gladstone, said that only the trouble into which they had fallen had prevented the College being built long ago and by " the trouble " he explained that he meant the fall in the Hospital income from £50,000 a year to £35,000. He spoke of the new Warden as " a gentleman who was formerly Captain at Eton, who is a member of the University of Cambridge and who has shown such extraordinary capacity and energy." Already it was becoming clear in School and Hospital how great was Perry's capacity and energy. On all sides evidence of his organizing ability was becoming apparent and not least in the speed and certainty with which the plans for the College and Students' Club had been carried into effect.

GUY'S HOSPITAL SWIMMING CLUB

Winners of the Inter Hospitals Swimming Competition, 1954



Back Row : S. E. Sorabjee, P. J. Wege, B. W. Maitland, P. R. Hewitt, K. E. Thomas.
Front Row : S. A. R. Cooke, J. H. Kendall, F. S. Warner, Esq., (President), D. A. Coppock, D. E. Rees.

BIENNIAL GAIETY

The Biennial Dinner took place on Friday, 1st October. Our Consulting Ophthalmic Surgeon Emeritus, was the organising secretary.

Each year or two
O. GAYER MORGAN tries
To organise
A dinner date
For Guy's.

Thus re-inforced
By other people's joys,
Perennially bound
By old and friendly ties,—
(Which—in a word—
IS GUY'S)—

Will he, already wise,
Grow wiser.
For sure can be
No gayer organ-
iser than
O. GAYER MORGAN!

F.C.T.

CORRESPONDENCE

Letters to the Editor of the Gazette

Medical Mispronunciation

From Dr. H. St. H. Vertue.

SIR,—It is a pleasure to hear from Mr. W. M. Tweed and to be the recipient of his kind remarks. I assure him that I use the word " Scotch " in the belief that it is the right one for me. The Englishman uses the same termination—*sh* or—*ch* for himself and for all his neighbours, English, Scotch, Welsh, Irish, French, Dutch, Danish. He speaks of Scotch reels, Scotch salmon, Scotch woodcock, the Scotch express, the Flying Scotchman—Scotch anything in fact. In Dublin, my wife tells me, the same form prevails; and she invariably uses it herself. " Scotch," then, is the right word south of the Tweed : " Scots " or " Scottish " is, I believe, preferred north thereof. It is simply a matter of dialect.

There would be only one reason for us to change our usage and that would be a genuine desire on the part of a friend and neighbour. But does he care ? I have heard him say " Scotch " himself !

Yours etc.

H. St. H. VERTUE.

Larch Tree Lodge,
37, Tower Road, Orpington, Kent.

The Milk Churn

SIR,—I have often wondered if any curiosity existed at Guy's about the acquisition of the Milk Churn and had reflected that very few of us who were involved were likely to be still living. I thought it a pity that the actual facts would soon be quite unknown, but came to the conclusion that there was probably now little or no interest.

However, your remarks in the current issue of the *Gazette* prove the contrary and the account reproduced from the Bi-Centenary number of the *Gazette* of 1925 is so palpably incorrect that I am inspired to write as true an account as can be remembered by an old man after forty six years.

Firstly, it is ridiculous to state that the train left Waterloo for Richmond and then stopped at Vauxhall, only a few hundred yards away, and that the can was then taken down to Richmond.

On the contrary, it was the practice on the railway then, for some obscure reason, to stop local trains going on to Waterloo, for ticket collecting at Vauxhall. This procedure took some time and was thorough, so that it was quite impossible to try to travel in a first class carriage with a third class ticket, without paying the difference in fares.

The presence on the platform of two or three hundred milk churns during this prolonged wait was a perpetual challenge to many Guy's men, returning in more or less hilarious mood, after a cup-tie at Richmond. Several times I had seen and taken part in efforts to get a can into a compartment, all of which had been rather easily frustrated by station staff, no ill feelings having been engendered by the ensuing scuffles.

The same procedure was occurring again, in I suppose 1908, and a vigilant posse of porters were reacting vigorously to attempts to capture cans, when James Mudge, a large Cornishman of outstanding appearance, who was never far off when trouble or adventure were brewing, said to the rest of us, about eight, in the compartment, " let's keep absolutely quiet now and when the train starts I will get that nice special little can into the carriage and we will fight off all efforts to get it back ". On the platform, a little apart from a group of the usual large churns, was a smaller one, shiny and obviously new, about two thirds the size of the others. It certainly could not be described as " the father of all milk cans ".

The steam train, in use in those days, had not the great acceleration of the present electrical ones and Jim Mudge had plenty of time to jump out, put the selected churn under his arm and run back into the compartment, whose door we kept open for him. The porters were at first taken by surprise, but as the train increased speed one young one leapt on to the running board but was kept out and finally jumped off as the carriage left the station. His cap was flung back to him in acknowledgment of his courage.

I cannot now recall exactly who were in the carriage but I think that Allen Hancock, always known as " Bill " Hancock, was certainly there and probably G. D. Eccles, as we were always together. Jamie Stewart would have been there but was, I think, detained at Richmond owing to a contretemps concerning a large hand bell, a porter and the imminence of the Portsmouth express; but that is another story. Jim Mudge was certainly the originator of the idea and also the prime mover in carrying it out. I remember nothing of a Norman Steffan Heegard Warner, nor a Reggie Crowle, but there were two Warners at Guy's at that time and one may have been present and probably was at the subsequent march. Reggie Curle was very likely present in the compartment as he usually was with us.

No one of us suspected that this can would be left in our possession for many minutes after we reached Waterloo. It was carried between two students with a few others walking in front and behind. To our amazement, station officials looked on politely with slightly raised eyebrows, and we emerged into the station yard. More and more Guy's men joined up and the procession, now a hundred or so strong, set off on foot for Guy's. Strict march discipline was ordered and maintained. It was not long before we had a considerable following of the populace too, and to our pleasure we noted that policemen now held up the traffic for us and escorted us to the end of their beats, where we were taken over by fresh ones. The churn, which had started on almost ground level for concealment, was now proudly hoisted shoulder high for all to see.

On reaching Guy's gates we all broke into a run with wild shouts, through the Colonnade to the College and placed the churn on the bracket in the smoking room where the Cup itself rested when at Guy's. That year, but I think in a subsequent round, we won the cup and the churn was relegated to the Pavy gymnasium and soon forgotten.

Next year, however, someone dug it up and it was hurriedly painted yellow and blue by a member of the Works Department. It was taken down to Richmond and, in spite of a half hearted attempt by a policeman to prevent it, hung on one of the cross bars by Bill Hancock, where it remained dangling throughout the match. Next day a large photograph appeared on the front page of the new paper, *The Daily Mirror*, of Bill Hancock on the cross bar with the churn and from that day the Guy's Milk Churn became news. At a subsequent cup tie attempts to hang the churn on the cross bar in the face of rather more determined opposition resulted in one of the uprights snapping at ground level just as the teams came on to the field. The teams had to wait while ground staff hastily dug a hole and buried the broken end of the upright. This resulted in the cross bar being at a considerable angle throughout the match.

At the wishes of the Guy's Rugby committee no further efforts were made to hang the churn on the goal posts, but it was always brought down to the games and placed high up near the Richmond Show " Highly Commended " platform and guarded by a company of stalwarts against repeated attempts of other Hospitals to take it away. It was considered etiquette in those days to wear a bowler hat, which could be bashed in by an antagonist. It also protected the head to some degree against serious injury. Dunn's three and ninepenny ones were popularly priced for the purpose.

The cup was won for the second year and the churn was then very nicely enamelled by the Works Department in Guy's colours with dates added, and was from that time regarded as a lucky mascot. I think I am correct in stating that Guy's won the cup four or five years running after acquiring the churn.

In conclusion one must state that no one taking part had any idea that the acquisition of this churn was more than a temporary prank or that the event would still be discussed forty six years later.

Mudge did not proceed very far with his medical studies and subsequently went to conquer fresh fields. Good luck to him, if he is still living.

Yours etc.,
F. C. HUNOT.

Little Hill,
Crapstone,
Yelverton, Devon.

The Externs' Bicycles

SIR,—You will no doubt remember that several months ago, thanks to one of your excellent editorials, the externs were presented with new bicycles.

Unfortunately, until a shed is built for the bicycles to be housed in, the externs are not allowed to use them. I wonder if the Works Department could spare a few hours of their valuable time to build a shed, now that the fruit stall is finished ?

I feel the bicycles are being wasted.

Yours etc.,
EXTERN.

The Inter-Hospitals' Rugby Cup

SIR,—I would point out that in this current year our Guy's sportsmen have so far won the following inter-hospital trophies :—

- The Boxing Cup.
- The Cricket Cup.
- The Hockey Cup.
- The Sailing Cup.
- The Shooting Cup.
- The Swimming Cup.
- The Squash Cup and Shield.
- The Tennis Cup.

Surely it is therefore not too much to exhort the Rugby Football Club, for which we are so rightly world famous, to endeavour to assist in sweeping the board and regain the Inter-Hospital Cup?

It is seven long years since this was so cunningly purloined from us by a younger establishment—too long for tarnish to form on silver not bearing our ancient name.

Let us support them all we can.

Yours etc.,
P.H.K.

SPORT

RUGBY FOOTBALL

Guy's *v.* Catford Bridge
18th September at H.O.P.
Won 34—0

It was a fine day for open rugby and we certainly saw plenty of it when Guy's proved too strong for Catford Bridge on Saturday when they beat them by 5 goals, 3 tries, 34 points to nil.

How encouraging it was to see so many open movements so early in the season. Our backs saw a great deal more of the ball than Catford, thanks to the fine hooking and the improvement in the scrum which packed lower and tighter than last week. Guy's also had the better of the line-outs although there was a tendency to allow the fiery Catford forwards to force their way through. The forwards were always up on the ball and it was from most of the quick heels from these, that the Hospital scored. Glendinning, Labuschagne and Cooke were always prominent.

Hackett had a very good game in his new position as stand-off half and it was he who got the Guy's line moving so well. If the backs can be faulted it is only that their passing sometimes tended to be a little erratic ; but their good showing so early in the season is indeed promising. Evans and Lindsay tried hard on the right wing but most of the opportunities went to Hawley and Thomas who combined well together. Carroll gave a very sound display at full-back.

The first half started a little scrappily but it was soon obvious that the Hospital were too much for Catford. The first score came from a passing movement in the Catford half where Hocock passed to Thomas who scored an unconverted try. Ten minutes later Hawley ran hard, made an opening and scored under the posts which Carroll converted. At half time the Hospital led by 8 points to nil.

Soon after half time, Labuschagne gave a long high throw out from a loose mawl to Hawley who passed to Thomas. Thomas ran hard and carried the ball over the line to score a lovely try, which was not converted. The next score came when Hawley side stepped his opposite number and ran on to score under the posts. Thomas converted.

Shortly afterwards Lee who was leading a forward rush, with the ball over the Catford line was obstructed, and he was awarded a penalty try. It was not converted.

Knight then pushed his way through the opposition to score a good try under the posts. Thomas converted. Catford were tiring badly and Guy's were on top of their form. Hawley cross kicked to Lindsay, who kicked the ball up cleanly to score a try which Carroll converted.

Finally from a pass from Glendinning, Hawley went over the line for the third time to score and Carroll converted, and so the game ended with Guy's decisive winners 34 points to nil.

J. D. Carroll, C. E. Evans, M. Lindsey, R. T. Hawley, A. D. Thomas, A. W. Hackett, R. K. Knight, J. Van Den Berg, N. A. Labuschagne, D. C. Lee, I. D. Green, R. C. Morgan, N. W. Glendinning, S. A. R. Cooke, A. O. Auberg-Hocock.

Guy's *v.* Blackheath
25th September
Lost 5-9

Guy's made two changes in the team that so convincingly beat Catford Bridge last week, A. Gunn returning and E. O. James on the left wing replacing Thomas who was injured.

The game proved to be a great struggle and it was no disgrace that the Hospital lost this very hard fought game by 2 penalty goals, and a try to a goal.

The Blackheath forwards were heavier than the Guy's pack and from the tight scrums both sides had about as even a share of the ball, but in the loose and in the line outs the Hospital forwards were getting more of the ball. There was still this tendency to allow the opposition forwards to break through in the line outs. Glendinning and Cooke were prominent amongst the forwards. The Guy's backs covered well in defence and there was plenty of good hard tackling and the Blackheath line never got much chance to get moving. There was a high wind blowing across the pitch which made accurate passing difficult and both sides were guilty of dropped passes.

Within 15 minutes from the start, E. V. J. Hammond had kicked two excellent penalty goals, awarded for the new offside rule restricting the forwards to keep behind the ball in the scrum. A few minutes later, after E. O. James had returned to the field, he picked up a wild pass from Parker on the Guy's "25" and ran 80 yards with an injured knee to score a try between the posts which J. D. Carroll converted. Just before half time Hackett was a little unlucky to have a try disallowed after a very good back movement. The first half ended with Blackheath leading by 2 penalty goals to a goal.

The second half was kept mainly amongst the forwards and the Guy's defence withheld the Blackheath onslaughts well, and it was not until ten minutes from the end that C. E. Nichol crossed the Guy's line for the first time this season, to score Blackheath's only try.

HOSPITAL INFORMATION

APPOINTMENT VACANT
EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Resident House Physician (with Casualty Duties) for six months from 1st November, 1954. Appointment recognised for the D.C.H. Candidates must be registered practitioners and should apply giving age, nationality, qualifications (with dates) and copies of three recent testimonials, to the Hospital Secretary by **13th October, 1954.**

GUY'S HOSPITAL REPORTS

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D. N. Ross. Hypothermia—Part I. Technique. pp. 97-115.

D. N. Ross. Hypothermia—Part II. Physiological Observations. pp. 116-138.

S. H. Wass. Cancer of the Rectum. Observations upon 140 Consecutive Patients. pp. 139-160.

J. N. Hunt. The Inhibitory Action of Sucrose on Gastric Digestive Activity in Patients with Peptic Ulcer. pp. 161-173.

H. Greenburgh and B. J. Stephens. The Victoria Blue (Berger Kahn) Flocculation Test for the Serological Diagnosis of Syphilis. pp. 174-181.

P. Brian Counsell. Primary Arterial Reconstruction complicated by Crush Syndrome. pp. 182-195.

Richard A. Hunter, D. R. C. Willcox and A. L. Woolf. Aerobic Actinomycosis with a report of a case resembling Miliary Tuberculosis. pp. 196-206.

D. F. N. Harrison. Two Cases of Bleeding from the Ear from Carotid Aneurysm. pp. 207-212.

NURSING NEWS

Leaving :

S/Midwife Imiey.
S/N Marshall.
S/N Blanford.

PASS LIST
ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Second Examination

J. G. H. Billison
R. G. Cumming
A. J. Hardingham
C. E. James
T. J. Jenkins
W. R. Knapman
K. J. Morison
W. G. Stewart Ross
M. G. Smith
S. E. Sorabjee

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates :

1 line 6s., 4 lines 20s. Box Numbers 9d. extra.

Replies to Box Numbers should be addressed to " Gazette " Office, Guy's Hospital, London, S.E.1

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PAPERS BY GUY'S MEN

Bensted, H. J. and another. Proposed Standard Agglutinating Sera for Typhoid and Paratyphoid A and B Fevers. *Bull. World Hlth. Org.* 1954, **10**, 919.

Evans, Gwylim. Hazards of Surgical Induction of Labour. *Lancet* 1954, ii, 564.

Falconer, Murray A. and others. Epilepsy with Fetishism Relieved by Temporal Lobectomy. *Lancet* 1954, ii, 626.

Fourman, Paul. Experimental Observations on the Tetany of Potassium Deficiency. *Lancet* 1954, ii, 525.

Khalil, H. H. Effect of Hypothermia on the Hypothalamic—Pituitary Response to Stress. *Brit. med. J.* 1954, ii, 733.

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Marre, I. R. Infantile Eczema. *Med. Pr.* 1954, **232**, 155.

Meacock, S. P. Food. *Brit. Dent. Nurses J.* 1954, **13**, 24.

CHANGES OF ADDRESS

P. J. Attenborough, L.D.S.R.C.S., "Balcormo" Cliff Drive, Canford Cliffs, Dorset (Tel. Canford Cliffs 78516).

P. E. Kapff, M.B., B.S., 1 Woolwich Road, Belvedere, Kent. (Tel. : Erith 5008).

O. P. Llewellyn, M.C., M.R.C.S., L.R.C.P., Gleena, Elvaston Lane, Alvaston, Derby. (Tel.: Derby 59286).

G. N. St. J. Penney, M.B., B.Ch., Bishop's Castle, Shropshire. (Tel. : 124).

H. D. O. Osmond-Smith, L.D.S.R.C.S., 65 West Street, Havant, Hants. (Tel.: Havant 1086).

BIRTHS

ALLDAY.—On 13th September, 1954, at Boston, Lincs., to Philippa (née Haynes, S.R.N.), wife of R. K. Allday, M.B., B.S., a daughter (Domini Elizabeth).

ATTENBOROUGH.—On 30th August, 1954, at Poole, Dorset, to Patricia (née Baxter), wife of Philip Attenborough, L.D.S., a son.

CRAIGEN.—On 12th September, 1954, at Nuffield House, Guy's Hospital, to Molly (née Drury), wife of A. A. Craigen, M.B., B.S., a daughter (Sally Jane).

DUCKWORTH.—On 5th September, 1954, in Guy's Hospital, to Julie (née Williamson), wife of Dennis Duckworth, M.B., B.S., a daughter (Ann Louise).

GRAY.—On 23rd September, 1954, in Nuffield House, Guy's Hospital, to Margaret (née Hoxey), wife of B. M. Gray, L.D.S.R.C.S., a son (Timothy Michael Grenville).

HANNON.—On 15th September, 1954, at Guy's Hospital, to Lorraine Hannon (née Morey, S.R.N.), wife of Patrick Hannon, a son (Paul James).

NELSON.—On 20th September, 1954, at 61, The Drive, Hove, to Jean Nelson, wife of Ian Nelson, L.D.S.R.C.S., a sister for Julia Jane (Nicola Charlotte).

MARRIAGES

REEVE—BRINKLEY.—On 8th May, 1954, at Moshi, Tanganyika, John F. Reeve to Gwendoline E. Brinkley, S.R.N., S.C.M.

THOMPSON—GELL.—On 10th September, 1954, at Kirton, Lincs., Malcolm G. Thompson M.B., B.S., to Constance M. Gell, S.R.N.

EDS. { B.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVIII *No. 1728* *16th October 1954* *One Shilling*

PASSIM

*Most of us were at school when we decided to become doctors and no doubt we believed that the chief reason for our choice was a praiseworthy desire to look after our fellow men when they were sick. At that age one is not ashamed of generous impulses and has not learnt to question their origin. Few of us now would be bold enough to assert that we can always decide rationally and from the best of motives; we may suspect that we took to medicine to please or spite our parents or because we wanted power over weaker people or for the more prosaic reason that circumstances conspired to push us into it. Yet the fact that there is a good reason for medical work is not to be set aside, and most of us can take comfort in the reflection that in this case at all events our unconscious urges made us choose very sensibly.**

EVERY newcomer to the world of medicine has a problem to solve. There is no hurry to find the answer and, indeed, the vital question may never present itself openly for solution, but it is as inescapable as the progressive development of the course he has undertaken and as inexorable as the examinations which punctuate its measures. In the word medicine we include, of course, dentistry and nursing and their ancillaries, for all are inseparable. Why choose medicine?

There are, no doubt, a few among those whom we welcome here as new students to Guy's Hospital and its schools to whom this question will become a very real entity during the first few months. The mechanics of the inclined plane, the nervous system of the worm, the ionic problems of chemical change may seem to daunt the steps which yesterday trod so lightly into the schools. Those who give up medicine at this stage have been called upon to face their problem early. We all remember a few in our year. They go easily and without reproach.

For others the question will be deferred until one day, in the wards, an obstinate syringe refuses utterly to extract one single drop of blood from the elusive veins of a sceptical patient. Through how many a hospital window has the question been cast, aimlessly, to the sky, " Why *did* I take up medicine?" Or again, a row of faces in the corridor : the screams of the spoiled child, protected by a possessive mother from the trials of the consulting room : the maddening complacency of little white forms which are presented in triumph by smug men " off work " who walk in decked in their Sunday best—all this piled upon a sleepless night and the repeated victories of the telephone brings that question violently to mind. They are towering trivialities.

Familiar scenes such as these are the customary stock-in-trade of

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*Adrian, E. D. (1953). The Scientific Approach to Medical Research. *Lect. Sci. Basis Med.* (1951—1952), Vol. I, p. 1.

those who desire, in some way, to impress upon juniors the grim responsibilities of the profession they have chosen. They are recalled from the cupboard in skeletal form because they are certain to be received with mild incredulity and as a challenge by every sensible student at Guy's. Medicine cannot be so impossibly dull. Because the comfortable family doctor, rattling golden sovereigns in his pocket and sipping sherry downstairs after pronouncing broadly upon a " feverish cold " upstairs, is a thing of the past ; because the surgeon's carriage is now frequently a baby car; because that popular panacea, a " bottle of medicine ", has grown into a cascade of coloured literature on the doormat, no new student need despair. The profession of medicine is nothing unless it is the sum of the personalities of those who practice it. Let those who cry wolf look to their own skins.

Not long ago Dr. E. C. Warner, Dean of the Charing Cross Hospital Medical School deplored the decline in the standard of first year students. " They did not seem to have the same sense of vocation as students of previous years. In second year students there are signs of the same lack of determination and keenness." It would be foolish to deny that such words apply to other medical schools too. They are a warning not so much to the students themselves (for who can judge the quality of the Call if the Vocation has never been clearly defined?) but rather to all of us at Guy's and elsewhere who welcome our new friends today. If some of us cannot, even yet, answer the question why we took up medicine there are many more who can. Dr. Hugh Barber, in an article entitled *The Rewards of Medicine* which appears in these pages today, makes a stimulating contribution to that problem. " The strong individualist ", he says, " is likely to make a good doctor ". Even if, as he suggests, in a Welfare State some of his enthusiasm is likely to be discouraged, then that is no condemnation of medicine, which remains, as before, the challenge and the ideal. "To remain interested in the study of medicine throughout life is the most lasting reward."

Our readers will be sorry to learn that Dr. E. R. Boland met with a serious accident last week in which he sustained severe leg injuries. We extend to him our sincere wishes for a speedy return to health and to his decanal duties among us here.

We deeply regret to announce the death of Mrs. Lees Read, wife of the Clerk to the Governors. She died in Nuffield House on the 11th October after a long illness. We know that all those connected with the Hospital will wish to offer Mr. Lees Read their sincerest sympathy.

We would like to offer a rather belated welcome to Dr. Earle Moore from the Johns Hopkins University and Hospital who is over for a short time under the exchange scheme. He is especially interested in the study of chronic diseases and is, we understand, connected with a new *Journal of Chronic Diseases* to be published in America. He is Associate Professor and Director of the Medicine I Clinic at the Johns

Hopkins and many of our readers will be interested to hear that Dr. T. R. L. Finnegan who has just gone over from Guy's is working in Dr. Moore's clinic.

A welcome visitor to the Hospital on Thursday, 14th October, was Dr. Joseph Boyes, who is President of the American Society for Surgery of the Hand. He gave a most interesting lecture on his subject which was illustrated by slides and a film.

An interesting centenary occurs on 27th October, this year. It is that of the death of Golding Bird, a distinguished physician of the last century. We publish on page 412 a biographical notice of this undeservedly forgotten son of Guy's.

The Biennial Dinner was held on 1st October. We publish an account of this popular event on page 402.

GUY'S DIARY

OCTOBER			Exhibition. Department of Surgery. *Bone Tumours.*
18th	M	1.00	Dr. Earle Moore (Johns Hopkins Hospital). Clinical Lecture. *The Evolution of a Clinical Problem B.F.P.—D.L.E.* (2).
19th	T	5.00	X-ray Meeting. Gordon Museum.
22nd	F	1.00	Dr. Ralph Kauntze. Clinical Lecture. *The Electrocardiogram.*
		2.15	Clinico-pathological Meeting. Gordon Museum.
23rd	S	10.00	Clinico-pathological Meeting. Clinical Theatre.
			Rugby 1st XV v. Plymouth Albion (H.O.P.).
26th	T	1.00	Mr. Guy Blackburn. Clinical Lecture.
		5.00	X-ray Meeting. Gordon Museum.
29th	F	1.00	Dr. Charles Baker. Clinical Lecture.
		2.15	Combined Round. Pre-clinical classroom.
30th	S		Rugby 1st XV v. Old Whitgiftians (Croydon).
NOVEMBER			
1st	M	1.00	Mr. G. F. Gibberd. Clinical Lecture. *The Indications for Caesarian Section.*

GUY'S HOSPITAL DENTAL SOCIETY

The Annual Ball will be held on Friday, 12th November, 1954, at Grosvenor House, Park Lane, W.1, from 8.0 p.m. to 2.0 a.m. Evening Dress and Full Buffet. Tickets 3 guineas double, available from R. F. King and D. A. Rees (Hon. Dance Secs.).

UNIVERSITY OF LONDON MOUNTAINEERING CLUB

The University Mountaineering Club has, each year, a fairly full and very interesting programme. There are two meets this term. One at Harrison Rocks on Sunday, 17th October and one in North Wales in November. Details of these functions can be found on the Ice Hockey Notice Board in the Colonnade. Anybody who is interested and would like to know more about the Club may get further information either from the Honorary Secretary, P. O'Neill, Halliday Hall, Southside, Clapham Common, S.W.4, or from P. S. Boulter, by way of the Front Lodge rack,

GUY'S HOSPITAL BIENNIAL DINNER, 1954

On Friday, 1st October, there assembled in the Grand Hall, Connaught Rooms, nearly 400 Guy's men and women for the Biennial Dinner, 1954. Mr. Philip Turner was in the chair. After a convivial pre-prandial gathering the company made for the dining room where the tables, neatly numbered and named, awaited them in silence. But not for long. Soon the clatter of knives and forks and the clinking glasses brought them to life. Rarely can these tables have supported such good humoured banter and reminiscence.

The Queen having been toasted in the usual way, a hush came when Mr. Philip Turner, vigorously announced by a crimson coated master of ceremonies, rose to speak. It gave him great pleasure, he said, to take the chair at such a gathering. He had had a pretty good experience of biennial dinners—his first being some fifty years ago (congratulatory applause). He didn't remember much about the dinner (laughter) but he did recall the speeches. " Tonight ", he went on, " we are honoured by the presence of ladies for the first time." This statement was greeted by prolonged applause, and many a head was turned to where Miss J. C. M. Heylen and Miss E. A. King-Turner were seated. Casting his mind back over the years he recalled, to a somewhat incredulous audience, that in the 90s there was one operating theatre at Guy's warmed by an open coal fire ! Some hospitals indeed, had longer histories than Guy's, but at last a really detailed history of our Hospital had been written and he commended to his audience the advance copies of *Mr. Guy's Hospital* written by Dr. H. C. Cameron, which were on view outside the dining hall. For the future he predicted ever increasing prosperity and on that note he proposed the toast of *The Hospital and its Schools*. The Chairman sat down to a well deserved ovation.

Dr. Charles Cameron then rose to propose the Chairman's health. He well remembered Mr. Philip Turner as a medical registrar in earlier days. He remembered his grey silk frock coat and his shining top hat. " From a distance I admired him intensely " (a murmur of universal approval). " I have admired him ever since " (prolonged clapping). A toast to Mr. O. Gayer Morgan was next called for by the Chairman—his work as Honorary Secretary had been a vital factor in the success of the dinner. Mr. Morgan, in reply, drew further applause when he mentioned the energetic work and devotion of Mr. J. H. E. Winston and his wife in organising the function on a whole—and that the bar was still open. The gathering then adjourned for further refreshment. As we left the dining room a parting sally floated to the ear . . . " Well done, old boy ! Top table at last! "

Among Guy's men from overseas we were delighted to see Drs. T. F. Brown of Sydney, A. S. Erulkar, President of the Medical Council of India, A. Sidney Pitt, formerly a prisoner of war in Malaya and now from Nairobi, W. H. Hamilton from Egypt, in addition to Major General Sir Gordon Covell, advisor on malaria to the Ministry of Health and W. Hertzog from South Africa. Mr. C. H. Edney, a dental surgeon from Grantham was, of course, the energetic secretary of the " Rag " Committees, 1919-24. Contemporaries of the Chairman were H. M. Berncastle and A. H. B. Kirkman who, our readers will recall, recently contributed an interesting item to our correspondence columns. Of former deans of the Medical School we saw Dr. H. C. Cameron and Professor T. B. Johnston—Dr. Boland was unfortunately prevented by illness from attending. The Governors of the Schools were well represented and many consulting physicians and surgeons were present. Junior members were represented by the President of the Residents, while the oldest Guy's man there was Dr. W. E. S. Cobb who qualified in 1891.

Heard in the Medical Secretaries' Room

Med. Sec. on seeing ex-H.S.: " Good Heavens alive ! Hadn't you gone to Peru ? "

Without comment

Applications are invited for the post of non-resident general uniform room Superintendent for the making, conversion and repair of Nurses' uniforms. The successful candidate must be an experienced cutter and fitter with a knowledge of upholstery . . .(*Advertisement in prominent Daily Newspaper*).

WHAT IS SCHIZOPHRENIA ? (I)

A Clinical Lecture given at Guy's Hospital on 3rd May, 1954.

By D. STAFFORD-CLARK, M.D., M.R.C.P., D.P.M.

LADIES AND GENTLEMEN.—The title question is essentially rhetorical. One of the most remarkable and challenging features of this extraordinary illness is that its nature has remained a mystery, although the illness itself has probably been a significant feature of human existence since the beginning of medical history, and has occurred in every race and culture known to man over this period. Today, as always, the diagnosis of schizophrenia has to be made essentially on clinical grounds ; there is no constant verifiable pathology demonstrable in structural terms during life or after death. It must therefore commend itself particularly to the student of clinical medicine, while at the same time providing a perennial challenge to practical research.

The first successful attempt to define the concept of the illness in clinical terms was made by Kraepelin in 1896. By combination of remarkable insight and unsurpassed descriptive ability he was able to group under one comprehensive heading the characteristics of a disease which could then be recognised as responsible for the vast majority of chronically incapacitated patients in mental hospitals. He gave it the name dementia praecox, which had been first used by Morrel (1860) to designate a smaller group of similar kind. He believed that the essential characteristic of the illness was its onset at or soon after adolescence, and its uniformly progressive and ominous course ending in dementia.

In 1911 Bleuler confirmed, consolidated and further defined the concept of this generic group of mental disorders in his monograph " The Schizophrenias." He chose the name because it exemplified the essential nature of the primary disturbance common to all cases in the group, keeping it plural because of uncertainty about the aetiological unity of the group itself, an uncertainty which persists to this day, and which we shall be examining together in the next fifty minutes.

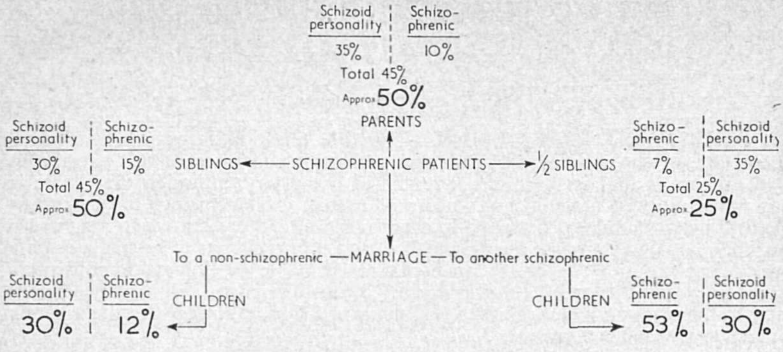
The word schizophrenia is derived from two Greek roots, σχίζω and φρήν, and means really a disintegration of the personality. You will be familiar with the first root in the word schism and the second in the adjective phrenic, meaning " connected with the diaphragm ". The diaphragm was once regarded by Greek physicians as the bodily seat of feeling. The kind of disintegration of personality envisaged by the term schizophrenia is therefore essentially one of feeling, a disintegration of the patient's emotional stability and consistency, and it is difficult to imagine any single term which could better indicate and exemplify the nature of this tragic disease.

Incidence

It is a more common illness than is perhaps generally realised. A number of studies confirm an incidence of about 0.85 per cent. in the general population. This you will recognise means that schizophrenia is about two and a half times as common as epilepsy and is in fact an illness to which one person out of little more than every hundred in the population is liable to be subject some time or another during life. Surrounding the clinical concept of the disease itself is the wider and even more common one of the schizoid personality, which is estimated to occur in about 2.9 per cent. of the general population. This we shall be examining in more detail in a moment.

Aetiological Factors

A. Heredity. Studies of the hereditary factor in schizophrenia have been undertaken on a very wide scale. Among the various types of schizophrenic illness, liability to develop the disease on a hereditary basis seems to vary considerably, but there is evidence to suggest that the genetic factors concerned are multiple, inheritance probably being linked with a variety of abnormal genes, some of which are recessive, while others, particularly perhaps those which lead to atypical clinical pictures, may be dominant. In this respect the position of the schizoid personality may be illuminating. The following table, based on Kallmann's work in 1946, illustrates the general incidence of schizophrenia and of schizoid personality, among the relatives of the patient.


Schizoid personality
Schizo-phrenic
35%
10%
Total 45%
Approx 50%
PARENTS
Schizoid personality
Schizo-phrenic
30%
15%
Total 45%
Approx 50%
SIBLINGS
SCHIZOPHRENIC PATIENTS
½ SIBLINGS
Schizo-phrenic
Schizoid personality
7%
35%
Total 25%
Approx 25%
To a non-schizophrenic
MARRIAGE
To another schizophrenic
CHILDREN
Schizoid personality
Schizo-phrenic
30%
12%
CHILDREN
Schizo-phrenic
Schizoid personality
53%
30%

INCIDENCE OF SCHIZOPHRENIA
KALLMANN 1946

Fig. 1

Kallmann pointed out that when the total incidence of schizoid personality and schizophrenia were added together, in the parents, half siblings and siblings, they amounted to very nearly 50, 25 and 50 per cent. respectively ; from this he drew the tentative conclusion that the homozygous individual (carrying perhaps two abnormal genes) would be schizophrenic, while the heterozygote (with one normal and one abnormal gene) would be of schizoid personality.

Carrying his studies further he reported on an enormous series of 953 pairs of twins from New York State Hospitals, and discovered that where one twin of a uniovular pair developed schizophrenia, in rather more than four out of five cases the remaining twin also developed the illness. The actual percentage of concordance was 86 per cent. in his series. Slater has recently (1953) studied a smaller series of 156 pairs of twins, 41 of them uni-ovular, and found the concordance rate for schizophrenia in the uni-ovular pairs 76 per cent. Both Slater and Kallmann have stressed that environmental as well as genetic factors seem to play a part in this high concordance, although Kallmann recorded cases in which despite separation by adoption soon after birth, both twins still subsequently developed the illness.

B Constitutional factors. The importance of heredity suggests that there must be some definite constitutional factor predisposing to the development of this illness. This view is now generally accepted, and has led to a good deal of clinical study of the schizophrenic constitution and schizoid personality. Kretschmer attempted to formulate a series of clinical descriptions of schizoid personality, which can be summarised by saying that he attributed considerable importance to social and personal withdrawal, producing on the one hand a reticent, eccentric, serious type of person, or on the other, a timid, shy, delicate, hypersensitive and often suspicious individual. While it is certainly true that cold, potentially ruthless, dreamy eccentrics, or lonely, sensitive, embittered and suspicious people may often be described as displaying schizoid traits, it is their inability to deal successfully with external reality which alone seems to link them. They do not choose to be the way they are, nor is it easy to say precisely wherein their disability lies, without the aid of psychodynamic terms. But the potential importance of this type of personality in the genesis of the developed schizophrenic illness may be indicated by saying that probably 35–50 per cent. of all people who develop schizophrenia have previously shown personality traits of this kind.

C. Endocrine factors. Any illness whose incidence is maximal at or about puberty, with lesser peaks of frequency occurring in the puerperium and at the menopause in women, or during the mid 40s–50s in men, suggests disturbance of endocrine balance as a possible aetiological factor. An enormous quantity of research has been undertaken on this basis. One of the first attempts at a scientific survey was made by Mott in the early part of this century. He conducted post mortem examinations on a series of 100 patients who had died in mental hospitals after suffering from the chronic stages of schizophrenia for many years. He claimed to discover evidence of what he called primary progressive atrophy of most endocrine tissues, particularly the gonads. Since, however, many of these patients had at the time of his investigation been suffering intercurrently from tuberculosis or quite serious nutritional deficiency for a number of years, and since moreover the length of time which elapsed between death and examination varied considerably from case to case and was not mitigated by any of the methods now available to prevent post mortem deterioration in such tissues, it is probable that his conclusions have no more than historical interest. Since then other investigators have investigated structure and function of all the principle endocrine glands during life and after death in schizophrenic patients. With one important exception, which may have great future significance and with which I shall be dealing at the end of this lecture, their results have not been conclusive. Post mortem evidence has remained essentially disappointing, while in life it has not been possible to trace any consistent relationship between schizophrenia and the established clinical disorders due to endocrine dysfunction, such as myxoedema, hyper or hypo-thyroidism, Addison's Disease, Cushing's Syndrome, or acromegaly. However, clinical physiological investigations in living subjects have demonstrated a marked tolerance of chronic schizophrenics to thyroid administration, and a less constant diurnal rhythm of 17 keto-steroids excretion than is seen in normal subjects.

Pfister (1937) quoted by Richter (1949) drew attention to many ways in which schizophrenics showed a diminished capacity for reaction in both the endocrine and autonomic nervous systems. In controlled experiments such patients were found to react inadequately to stimuli producing marked changes in the controls. These changes were in pulse rate, temperature regulation, blood pressure, histamine responses in the skin, water excretion after fluid, blood sugar after ingestion of dextrose or fructose, and the response to adrenalin and insulin by injection, as well as the lymphocytic and adrenal response to cold. Moreover, the more marked the clinical evidence of general endocrine dysplasia, as for example virilism in women, the worse the prognosis of schizophrenia in such patients. The frequent delay of sexual maturity in schizophrenics and the poor development of secondary sex characteristics generally, also suggest that with more advanced techniques of endocrinological investigation we might yet discover a relationship which has so far eluded us.

D. Metabolic factors. Here we begin to move on to firmer ground. One of the striking things about schizophrenic patients is that they very rarely enjoy robust health. They are often weedy or ill proportioned in body-build, probably over 70 per cent. of patients being of asthenic or dysplastic physique. Moreover they show a number of physical changes in the course of the illness which while not specific tend to be seen sufficiently often to be regarded as characteristic. These include a lankness and drabness of the hair, and often a greasy blotchy complexion, with sluggish circulation leading to cyanosis and coldness of the extremities including the tip of the nose and ears. There may be variations from normal in body temperature and there is often a loss of weight in the acute stages with fatness after the illness becomes chronic.

Studies of oxygen saturation in the circulating haemoglobin made by McFarland (1938–1952) and subsequently by Lovett Doust have revealed variations of between 75 and 90 per cent. in various patients, with a general tendency for oxygenation to be as much as 10 per cent. below normal in a clinically withdrawn schizophrenic patient. This has led to such patients being described as having " a slumped vital level " of existence, and to therapeutic expedients such as placing them in oxygen tents or giving them transfusions of packed cells to increase the oxygen carrying capacity of their blood. Both these measures have occasionally resulted in temporary clinical improvement, and therefore have done something to confirm the general theory.

Characteristically the schizophrenic patient, in addition to his psychological withdrawal from external reality, is as we have seen considerably less consistently responsive to physical external stimuli. I have mentioned the significantly diminished response to injections of thyroid, adrenalin, or insulin ; also the inadequate physiological response to moist heat, to cold, and to physical effort, as well as to frankly emotional stimuli. In general the schizophrenic tends to have a low blood pressure, and his heart rate and circulation time are slow. In the same way vestibular function, as measured by the number of nystagmus beats after caloric or rotatory stimulation, is well below the average ; these findings have been regarded in general terms as defects of adaptive efficiency which correspond to the failure of normal emotional response. It is in fact as though the schizophrenic patient were living at the most depleted level of exchange with his external environment which is possible for him ; in his lowered metabolism, just as in his deficient or inappropriate emotional responsiveness, he is like a hibernating animal.

The nearest approach which a healthy person makes to this condition occurs probably in the course of normal sleep. There too, oxymetric studies have shown fluctuations in oxygen saturation of the circulating blood, and these have led to a correlation between the state of the normal subject when asleep and dreaming, and that recorded in deluded or stuporose schizophrenics. Physiologically, as well as psychologically, Professor Jung was profoundly wise when he said that the schizophrenic is like a dreamer unable to awake. Some of the nightmare characteristics of the subjective experience of schizophrenics become more easy to understand, and to accept in the humane and kindly way inseparable from reasonable treatment of such patients, if this is remembered.

The challenge implicit in this body of physiological evidence has sometimes been discounted by the suggestion that a lack of homogeneity in the basic material made its significance impossible to evaluate. This objection did not apply to Gjessing's famous work on periodic catatonia, a very small but well defined sub-group of schizophrenic illnesses in which the patients alternated between states of stuporose withdrawal or frenzied activity, and apparent normality. When stuporose they would remain completely motionless and inactive, while remaining aware of all that was going on around them although they took no part in it whatever. Gjessing used these patients as their own controls, conducting an exhaustive series of biochemical investigations upon them during their periods of normal health, and during phases of stupor. He found that there was a phasic variation in nitrogen balance which in the vast majority exactly correlated with the spectacular alterations in behaviour. In one group, gradual nitrogen retention occurred over weeks with peak retention during the stuporose phase, followed by recovery when nitrogen excretion was suddenly resumed and the normal base-line regained. In another group reversal of this phase relationship was observed, nitrogen retention coinciding with apparent normality and maximal excretion heralding the onset of stupor. He was also able to show that by the administration of thyroid extract and the maintenance of a consistently low protein diet, these phasic variations in nitrogen balance could be eliminated and maintenance of normal health for an indefinite period thereby secured. This work has subsequently been repeated and confirmed by a number of other observers. Unfortunately the group of patients to whom it relates represents only 2 per cent. of the total schizophrenic population.

If we try to summarise the weight of the evidence collected by all these tirelessly persistent, patient and optimistic workers in the field of research into schizophrenia, we seem confronted with at least a reasonable probability that schizophrenic patients are displaying a disturbance of physiological function, probably at the level of the interaction of hypothalamus and anterior pituitary, since it is only here in the whole body/mind organisation that the essential confluence of emotional, autonomic, and endocrine control seems to occur. It is of course, at this level also that such empirical physical procedures as have been found helpful in the treatment of schizophrenia probably exert most of their action.

But we are also left with a tantalising sense of bewilderment, perhaps not unlike that of the schizophrenic patient himself, since the essential nature of the disturbance seems both nebulous and elusive. However, the most recent evidence suggests that it may no longer continue to evade us. Before considering this we must examine for a while the nature of schizophrenia from the more strictly psychological standpoint, since it remains only in this way that the illness can be diagnosed, and only in this way that the subjective experiences of those patients suffering from it can be either properly examined or understood.

(*To be concluded in our next issue*)

THE REWARDS OF MEDICINE

BY HUGH BARBER, M.D., F.R.C.P.
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> " Come, tell me how you live " I cried
> " And what it is you do ! "
>
> *Through the Looking-Glass.*

NEARLY sixty years ago, at a time when I was finding anatomy in the dissecting room quite an interesting study and a cricket match an enjoyable event, I was asked to play for a club composed of qualified medical practitioners. One member of the team did not expect to make any runs because he had been out of bed in the night attending a confinement. Another with a bandaged finger explained that he had been careless over a septic dressing. Somebody else had to get back early because his partner was away. And I myself was called in at the last minute because a doctor could not leave a patient seriously ill. The atmosphere at lunch before the match was depressing when compared with the enthusiasm of a team composed of medical students. The truth of the matter is that cricket matches and medical practice do not go well together. On the whole, I think, a golf match is more suited to the circumstances of a doctor's life. And some golfers like an excuse, such as being up in the night, for making a bad shot. They feel justified in explaining the cause of this lapse to their opponent, but it would not be worth mentioning to a cricket umpire.

Perhaps it was natural that these doctors, with a student present, should be conscious that they had lost some freedom compared with their undergraduate days. However that may be, I remember that the conversation turned towards the question of earning a living; which presumably brought some compensation. The general concensus of opinion was, that any qualified medical man could at least succeed in earning his bread. Then followed the old saw (perhaps new to me at that time) that some got butter with it and just a few got jam. I forget whether or not I made any runs, but I did not enjoy the game. This glimpse of the future was not encouraging. I could not help wondering, what were the rewards of getting qualified ? Had I met these doctors at their work or away on a holiday, no doubt there would have been more stimulating talk.

Marcus Aurelius could have told us (or we told Marcus Aurelius) that " satisfaction consists in doing the things we are made for ". Herein, it seems to me, is centred the problem for one who is qualified. For what has he made himself ? The favoured few are not those who may someday get jam, but those who have been able to slide into work which suited them; whereas the majority must be content to suit themselves to the work that comes. At all costs it is essential to avoid a working life which is of such a nature that the duties cannot be efficiently performed. Although in times of stress this may be a temporary misfortune—whether it be too many visits, a surgery too crowded or seeing out-patients with a race against the clock.

The problem of specialization is more difficult than formerly. Sir William Arbuthnot Lane's mind turned towards being a physician but, not seeing any prospect of a vacancy in that direction, he took up surgery. Nowadays it is not very difficult to become a registrar, but it is less easy to plan for one's future. As the number of specialities grows there is greater risk of taking up some work in which the field is limited in interest. A. A. Milne tells the story of a youth who told his father that he wished to be a poodle clipper. To which came the response, that not very many people keep poodles, that not all poodle lovers have them clipped and that not everyone who keeps a poodle and has it clipped would call in this young man. Wise advice so far as it goes, but as Sir Thomas Browne might say, only reaching the pericardium and not the heart of truth. He should have told his son to reflect as to whether after a few years the life of a poodle clipper might pall. The surest reward for obtaining a medical qualification is that there should be an opportunity of some kind to do a job of work worth while. To remain interested in the study of medicine throughout life is the most lasting reward. For age to pass on this evidence to youth is perhaps in better taste than preaching.

I was sitting on a bench in a lecture theatre at a meeting of physicians, wondering after being qualified for fifty years if I was " on the shelf ", when my neighbour, a young physician from my own medical school, asked me if I was at Guy's during the South African War. Here it would appear was my opportunity to obtain the reward of drawing on my past experience of the natural history of disease. But my pride was humbled with the next question—" What was London like on Mafeking night ?" And yet that scene, in May 1900, round about the Mansion House was something of a unique occasion. A spontaneous outburst of relief and frivolity, such as had not been known before with Queen Victoria an the throne. In streets packed with a throng of mixed humanity, a student of social history might have seen, from the behaviour of eminently respectable young ladies who tickled the menfolk in the face with peacock feathers, that the stage was set for the emancipation of women.

The strong individualist is likely to make a good doctor. Perhaps in a Welfare State some of his enthusiasm may be discouraged ; but the frustrations in the business world would be greater. Samuel Johnson, who did not know that so many of his chance remarks would ring down the ages, once said that there were few things which would keep a man out of mischief better than trying to make a fortune. Some who succeeded in this endeavour were able to give back much in the form of public service. For which on the whole there is less opportunity now; just as there is less scope for amassing a substantial bank account. In a changing world the profession of medicine is not unfavourably placed. Moreover, from the patient's point of view, we must admit that there is more social security. William Stokes (1804-1878), of Dublin fame, was told by one of his patients : "Oh ! doctor, you have given me a new stomach but I have nothing to put in it".

Financial Rewards

The fees in general practice were assessed by custom which no doubt was easier in the nineteenth century than in these days of change. Sir James Paget tells us that, when he was an apprentice in Yarmouth in 1830, an ounce draught cost a shilling, a pint mixture five shillings and bleeding would be from five shillings to half a guinea. In his case, some thirty-five years later, as a London consultant it is estimated that he would be earning a five figure income. I once met an old farmer who told me that forty years previously he had seen a young medical man in Liverpool, who had manipulated his knee for a fee of five shillings. Quite recently he had seen the same man, now the leading orthopædic surgeon, who had charged him five guineas. I was told, with a smile, that the five shillings worth had done him more good. But of course my old friend knew, what Hippocrates could have told him, that " such complaints as become chronic in old men generally last until death ".

By the end of the nineteenth century the bottle of medicine containing eight doses would, in most practices, cost two shillings or half a crown; and a visit three-and-six or five shillings. These fees would provide an adequate living but the work was hard. The fee varied with the social status of the patient, which was well defined in those days. In some practices there would be visits at half or one guinea. A patient who had come up in the world financially, without aspiring to a larger house or change of locality, would be glad to pay higher fees than his neighbours, partly from pride but chiefly from generosity. Such people knew that the doctor did unremunerative work amongst the poor and were glad to support him. There were some bad things in the " good old days ", but the spirit of generosity existed that the well-to-do should pay for the doctoring of the poor. Confinement fees were low in all social grades. To attend the mother was the foundation of the practice—one guinea was the usual minimum. Assessing a fee may be a delicate question. In this connexion perhaps a National Service is much to be commended. Thomas Hodgkin once insulted a rich patient by charging him too little. Under some circumstances it was not easy to estimate the social status.

In an association football match between Surrey County and Hampshire played at Reigate in which I took part, one of our team was injured. When we got back to the changing room a doctor was called in. His technique was good, he had an attractive personality and handled the situation of a sprain with skill. When the injured one, whose father was " something in the City ", expressed his gratitude and asked the fee, the doctor suggested half-a-crown. As a representative of the medical profession (albeit still in embryo) I could see the embarrassment of the situation. For the patient expressed the sentiment that it was a very small fee, to which the doctor responded that it would have been half a guinea in the hunting field. You cannot blame him for under-estimating the status of a lot of muddy footballers, and probably the patient felt himself too young to suggest that in this case we might use the hunting field terms.

The surgeon on the honorary staff of a voluntary hospital was justified in charging substantial private fees. It is an old tradition ; de Mondeville of Montpellier (1260-1320) said, " If you have operated conscientiously on the rich for a proper fee, and on the poor for charity, you need not play the monk, nor make a pilgrimage for your soul ". And Lanfranc (c 1200) of Paris advised that a surgeon " should help the poor as far as he can, but he should not hesitate to ask for good fees from the rich ".

In the latter part of the eighteenth century Dr. Erasmus Darwin founded the Lunar Society, of which Joseph Priestley and Withering (of digitalis fame) were shining lights. Darwin took a common sense view of financial rewards. He wrote, " As to fees, if your business pays you well on the whole, I would not be uneasy about making the most of it ". In another letter he wrote, " There are two kinds of covetousness, one the fear of poverty, the other the desire of gain. The former, I believe, at some time affects all people who live by a profession." What course to adopt when a private fee seems inadequate is a difficult problem. The story goes that Dr. John Bell (1763-1820), the Edinburgh professor, receiving a cheque which he thought inadequate from a rich patient, handed it to the butler with the remark " there is a trifle for you ". When the incident came to the patient's knowledge he increased the amount considerably.

The Doctor's Bill

The fee system in private practice certainly makes for freedom, but often enough the doctor's bill comes at an awkward time. In *Punch* some years ago was a picture of the local doctor's wife meeting a man in the street, to whom she explained that she was glad to see him about again and that she had no idea how ill he had been until she made out her husband's bills. And for some people illness makes a hole in the bank account. Goldsmith in his *Life of Beau Nash*, tells of a poor clergyman who brought his invalid wife to Bath, which led him into financial difficulty. But the " uncrowned king ", hearing of the trouble, got up a substantial subscription which eased the mind of the husband and improved the physical condition of the wife. A piece of natural history so obvious as that did not need the label " psychosomatic " in those days.

The fear of the doctor's bill may be a genuine anxiety. In the twelfth century the Archbishop of Lyons spent all his money on physicians at Montpellier and ran into debt. In a letter dated 1681, referring to a boy with small-pox the writer " is afraid the apothecary's bill will be somewhat ". (An expression which has the ring of Damon Runyon, the American author, with his volume *More than Somewhat*. A writer who has the gift of using rather colourful language ; as for example when a doctor, after using the sphygmomanometer, says to the patient " A nervous man such as you with a blood pressure away up in the paint cards must live quietly").

Methods of Remuneration

Most medical salaries were related to what could be an average income from fees in private practice, bearing in mind such things as pension and length of service. This was equitable in days of financial security, but is it now ? The capitation fee system is sound theoretically, if it were possible to strike the right balance between the numbers and the total reward. And perhaps equally important, it is only really suitable for a group of people all very much of the same type.

The platform slogan in 1912 was for a " doctor paid to keep us well ". And the medical profession need not lose in this method. Gibbon wrote in *The Decline and Fall of the Roman Empire*, of the year 800 A.D. " but the starving physicians of Arabia murmured a complaint that exercise and temperance deprived them of the greater part of their practice ". A doctor friend of mine was told by a patient that his services had not been required since he had recommended golf. The balance, however, is not a question of the size of the income; it is one between the obvious difficulties of any fee system and the amount of freedom lost by receiving payment from some other source. If there were individual difficulties in assessing particular fees, at least there was privacy. In the transition stage of a changing world the publicity associated with collective bargaining seemed very distasteful. The change has come, however, so that publicity is now a matter of course.

The young doctor starting in general practice with the fee system usually began with a minimum of commercial element but sometimes found a few of his patients were treating him unfairly. Perhaps they would ask advice over the telephone or use this instrument to put off a visit, which he intended to pay at a convenient time, only to call for one when he was otherwise engaged. In a somewhat different connexion I remember, when I was a house physician, that my chief told me how he had been down to a London railway terminus, the day before, on the way to see a case for diagnosis in consultation with a general practitioner some fifty miles away. Just before the train departed, his footman hurried on to the platform with a telegram which said, "Don't come, it's typhoid". From which the physician concluded that the characteristic spots had come out. Widal, in Paris, had described his aggutination test in 1896 but it was only carried out on hospital patients in the days when I was a resident.

Bad Debts

When Mr. Lloyd George was encouraging us in 1912 to work his Insurance Act, he told us that doctors were sure of getting enough work but not so sure of their money. Whereas in his profession of the law the money was safe but the fear would be that there might not be enough work. Thomas Morstede, surgeon to King Henry the Fifth's army at Agincourt, took with him certain jewels belonging to the Crown as a pledge of payment to himself and his staff. No doubt this was a wise precaution until William of Orange, with commercial wisdom from Holland, founded the Bank of England.

Most doctors are familiar with bad debts. Often enough quite irritating because there is not even an expression of gratitude for the services rendered. They must not however be allowed to weigh heavily on the mind. We have a classic warning given by Mirfield, who compiled the *Breviarum Bartholomei* in the fourteenth century. He tells of a physician so obsessed by an overdue account that, when he himself was receiving the last rights of the Church on his own death-bed, he could only murmur "thirteen pounds in three years". A friend of mine in general practice was called out at one o'clock in the morning to find a household in a state of excitement because of financial failure. My friend thought it would have kept till morning because his own account was outstanding.

It is a pleasure to treat people free of charge on suitable occasions and gratitude is not to be despised as a reward. One might say that the doctor lives on compliments or fees. A doctor, however, may become a little cynical about flattery which is too fulsome. I knew one who was frequently called in to travelling theatrical companies. When they began to tell him what a splendid fellow he was, he used to say "I know; you've been in Sheffield, Leeds, Bradford and Nottingham and never had such a good doctor as myself. My fee is five shillings a visit".

Exceptional Rewards

There are some rewards we shall never see again. Rhazes, the famous physician of Baghdad, received a yearly pension of two hundred ass-loads of corn as well as some female slaves. A Persian monarch in the sixth century rewarded a Greek physician by liberating three thousand slaves. Erasmus Darwin (1731-1802) on a professional journey, stayed one night in Newmarket. He was alarmed by the entry of a stranger to his bedroom, but reassured when the intruder tiptoed to his bed, saying that he came to repay the doctor's kindness to his wife, which had been given gratis. It appeared he was a jockey riding the favourite, heavily backed for the next day. But he had instructions not to let it win. He advised the doctor which horse would win, so that he might back it. The tip was a good one, but Dr. Darwin never admitted that he took it.

It would perhaps be in poor taste to discuss the rewards received occasionally in the form of legacies ; but one might mention the exceptional bequest made to Sir William Osler by a bibulous old newsvendor in Baltimore. Knowing the physician's interest in morbid anatomy; having received advice about the dangers of alcohol and the changes it produced in the liver and having been given one of the doctor's overcoats; he left a will which read, "I bequeath to my friend William Osler his coat and my hobnailed liver".

Perhaps there was a little more by way of social rewards of dignity (for those who valued such a trifle) before the days of the motor car. There was the importance of the doctor's carriage. (You can still find "carriage-folk" in the Oxford dictionary. So of course "motorists". But in significance, what worlds apart). It might be just his dog-cart or his horse. There was his top-hat. In the *Diary of a Nobody* (which is still in print) Mr. Pooter had a nice estimation of social status in Victorian days. In *Eliza's Husband* by Barry Pain (unfortunately no longer obtainable) we have an even better illustration of the values, and who valued them.

Although neither of these two referred to the medical profession they illustrate the spirit of the times.

In the year 1902 a friend of mine, who was a highly qualified house-surgeon, went one evening to a dance at a suburban town-hall, where the master of the ceremonies introduced young lady partners. It was all very decorous. His partner told him with a touch of pride, and perhaps the least little bit of envy, that her sister was dancing with a medical student. My friend was careful not to tarnish this reflected honour to the family, because his partner made it clear that a doctor stood high in the social scale. He did, however, ask her what she thought his calling might be, to which she replied a bank clerk. He had not the heart to enlighten her because it seemed as if he would be letting the profession down.

The dictionary describes a reward as requital for good or evil. In the Hammurabi Code of Babylon about 2,000 B.C. the number of shekels that a doctor shall receive for an operation is recorded; but if the patient die " one shall cut off his hands ". Likewise if a slave dies under his hands he shall replace him. Surgeons usually travelled about and did not have a follow-up clinic. We have the modern counterpart in litigation with a view to damages. In which proceedings, for the plaintiff, some members of the medical profession, from the witness box, are a little too ready to dispense wisdom after the event. There is a growing tendency for the general public to act in the spirit of Mrs. Ramsbottom (if you know that classic *Albert and the Lion*) when she said " Sumbody ought to be summonds ".

Conclusions

A changing science, with always something new to learn may be attractive throughout a long medical life, but it is a point of view that does not always appeal to the undergraduate with his examinations to pass. John Hunter is reported to have told his students " You had better not write down that statement for very likely I shall think differently next year ". We are all students of medicine, before and after we qualify, but I suppose we might make the distinction that, whereas we like to know the answer to a problem in the undergraduate days, our interest when examinations are over is stimulated more by the problem not yet solved.

A good doctor never forgets the spirit of his undergraduate training. When a group of them come together they talk " shop " by which they profit from the experience of each other. Thomas Beddoes (1760-1808) suggested " a national bank of medical wealth, where each individual practitioner may deposit his gains of knowledge ". Our medical societies have this function and it is also in evidence when two or three doctors are talking medical " shop ". When my mind goes back to that cricket lunch, I realise that those doctors only brought up the subject of financial rewards because, as a recreation, the game was on a sticky wicket.

It is all very well in Thackeray's *Vanity Fair* for little George Osborn's grandfather to say, " Look at me and my banker's account and look at your poor grandfather Sedley and his failure, and yet he was a better man than I was this day twenty years—a better man, I should say by ten thousand pound ". That would not do for a doctor's grandchild. Better perhaps the maxim from the Arabian Physician, Avicenna, who wrote, " work ever and to each will come the measure of success for which Nature has designed him ".

Sixty Years Ago

From Guy's Hospital Gazette, 20*th October*, 1894.

TREASURER'S REPORT FOR THE YEAR ENDING LADY-DAY, 1894 . . .The number of beds available for patients remains the same as last year, namely 518, of which 45 beds and two cots are reserved for patients who pay an inclusive charge of one guinea a week, and 24 beds for cases in " Bright " ward paying three guineas a week for board and maintenance. It should not be forgotten that besides the 518 beds thus enumerated there are two large wards in the Medical Building unoccupied for want of funds, and these wards, if filled, would accommodate about one hundred patients . . . For the purpose of ascertaining the cost of each bed occupied and of each in-patient, the total expenditure of the Hospital for the year (£41,659) has been taken . . . The average stay of patients in the Hospital is about 26 days, the cost of each patient per week is about £1 12s. . . .There is a diminution of about £130 in the receipts derived from paying Probationers, who are known at Guy's under the name of Lady Pupils . . .

(*The total expenditure of the hospital in a year is now well over* £1,000,000 *and the cost of each in-patient per week about* £25. *The average stay in hospital has been reduced to* 18 *days*.)

A CENTENARY

DOCTOR GOLDING BIRD

Aged 39
Died 27 October, 1854

THIS simple inscription on a headstone in Tunbridge Wells Cemetery commemorates one of the most talented of Guy's younger physicians who died through overwork in an attempt to achieve fame both as a physician and a scientist.

He was born at Downham in Norfolk on 9th December, 1814. From an early age he gave promise of great talent and at his prep. school gave daily science lessons to his fellow pupils before regular lessons began. This proceeding gave rise to conflict between him and his headmaster, so much so that both he and his brother were sent to another school.

He decided to make medicine his career and so, following the usual practice of the time, was apprenticed to an Apothecary before attending Medical School. He was placed with a Mr. Pretty of Mabledon Place, London, at the age of 15. In 1832 he became a pupil at Guy's, although for the first year he continued to serve his apprenticeship with Pretty. The first course taken by him was chemistry and between 1832 and 1834 he worked his way through the rest of the subjects. He continued the habit of impromptu lecturing that he had started at school by giving his fellow pupils at Guy's extra tuition. His industry and obvious talent gained recognition and when, in 1836, he presented himself at Apothecaries Hall for examination, the examiners refused to examine, awarded him with his certificate and wrote a glowing letter to the authorities at Guy's !

During his student days he gained many prizes, including the Botanical Prize of the Apothecaries Society and the Honorary Diploma of the Physical Society. From his qualification until his death he worked incessantly. Before he was twenty one, he was F.L.S. and F.G.S. In 1838 he took M.A. and M.D., St. Andrew's. Two years later in 1840 he was L.R.C.P. and in 1844 (the minimum time) he was awarded the Fellowship. Somewhen he added M.R.C.S. to his qualifications for in one of his papers he describes himself thus. In 1846 he was made F.R.S. and in addition he was member of many societies both in England and on the Continent.

In 1836 he was appointed lecturer in " Natural Philosophy, Electricity, Galvanism and other branches of Experimental Philosophy applicable to Medicine ". This title was later amended to Medical Physics. In the same year he became co-lecturer with Johnson on Botany. He gave up Medical Physics in 1843 and joined Addison in lecturing on Materia Medica. In 1846 he became sole lecturer and resigned his Botany lectures. In addition he helped Addison with his Medical lectures, taking those devoted to urinary diseases. Apart from his lectures at Guy's he also gave courses at the Aldersgate Medical School and at the Royal College of Physicians.

By all accounts he was a good teacher and Owen Rees said of him :—

> " Dr. Bird is also known as one of the most accomplished teachers of the day, and has long been followed and admired by a numerous class. His facility and power of communicating knowledge are indeed such as few can hope to rival."

Soon after qualification he started practice at Euston but for various reasons this was not a success so he concentrated on his scientific work and his lectures. In 1843 he was appointed Assistant Physician to Guy's and in addition he was Physician to the Dispensaries of Finsbury and Islington. He now restarted in practice and this time was successful.

In 1843 Mr. Harrison, the Treasurer, had set aside one day a week for children's outpatients. Previously the children and adult patients had been seen together. This new department he placed in the charge of Dr. Barlow. When Barlow retired in 1845 Harrison asked Bird to succeed him. This he did and built up the department with his usual enthusiasm and with the active encouragement of Harrison. Thirteen beds were set aside in a special ward and in 1845 150 children were admitted.

He was a strong advocate of special hospitals for children and deplored the lack of attention given to pædiatrics in the current textbooks.

During this time, when nothing more could be done for a patient the physician in charge would often give the mysterious order " let him be electrified ". The value of electricity in medicine was lost in quackery and none knew the real cases in which such treatment would help. In 1836 Harrison made a room available for electrical treatment, installed apparatus, and placed Golding Bird in charge with a clerk to keep records and notes. In 1841 Bird published a paper giving the results of the first four years' experience. This did much to clear the air and rescue medical electricity from the quacks. He retained his interest in this aspect of medicine until his death and published several papers on the value of electricity in paralysis and lecturing to the Royal College of Physicians.

He also experimented with various types of stethoscope and improved the flexible type that was beginning to replace the rigid one.

He was a popular physician with one of the largest practices in the country, and deservedly so, for contemporary accounts speak of his skill in diagnosis, his careful investigations and his enjoyment of the complete confidence of his patients. He was one of the group of chemical physicians as Sir William Hale White called them and his main interest was in urinary diseases. His book on Urinary Deposits went through five editions between 1844 and 1857 and influenced the development of biochemistry. In addition he wrote over twenty papers on this subject, some whilst still a student. Some of these, written in collaboration with his future brother-in-law, Brett, brought them into conflict with Owen Rees who was Assistant Physician and an authority on the subject. Despite the eminence of Rees the students stuck to their point of view and time proved them correct. Bright, Addison and Astley Cooper all recognised the ability of this young man and he carried out many investigations for them which were incorporated in their books and papers. Another interest of his was blood chemistry and again his views brought him into conflict with orthodox opinion. As well as the medical applications of electricity the pure subject remained a great interest with him and he wrote many papers principally on the voltaic cell.

His early interest in Botany also lasted and during the course of his life he compiled a complete herbarium of British plants. With his future wife he took his students on expeditions in the fields of Walworth in his hunt for specimens and for their instruction. He was interested in printing the patterns of flowers on sensitized paper and published a paper on the subject in the Natural History Magazine, in addition to many other papers in that and other journals. One of his greatest pleasures was his Powell and Leland microscope, then the latest type available.

He was never a robust man (probably the aftermath of rheumatic fever) and his mode of life would have tried the strength of most normal men. He rarely went to bed before the small hours, even working all night on occasions, and every morning he would be in his consulting room at 9 to see poor patients. He never took holidays except during his last two years and he had no social ambitions. His sole life was his work.

In 1849 he had a minor breakdown in health but he ignored the warning and continued his way of life. In 1851 he again fell ill and was forced to stay in bed. He was relieved of his out-patient work and took a holiday at Tenby. Even here he saw patients who, learning of his presence, flocked to consult him.

By 1853 severe heart disease was apparent and he was advised to resign his appointments. This he did but continued to see his private patients. He moved to Tunbridge Wells and his health improved a little. This relief was short lived and he died on 27th October, 1854.

NOTICE

FRESHERS' BALL

Guy's Hospital Students' Union Freshers' Ball will be held at St. Pancras Town Hall on Thursday, 28th October, 1954, from 7 p.m. to 11.30 p.m. Everyone welcome. Students, staff, nurses, physiotherapists, please take note ! Tickets obtainable from the Social Secretary, G. H. S. U., London Bridge, S.E.1, only 3s. 6d. single or 6s. double.

MR. GUY'S HOSPITAL*

EXTRACT III

Guy Bellingham-Smith was born in 1865. He came to Guy's in 1884 from St. Paul's School with a reputation for extraordinary success. At every stage of his student career he moved into the first place, bracketted equal with Ernest Starling, the Physiologist. He qualified in 1888 and became a Fellow of the Royal College of Surgeons in 1890. After serving as Obstetric Registrar and Tutor, he became Assistant Obstetric Physician in 1903 and on the death of Horrocks in 1907 was promoted to be full Obstetric Surgeon, the first to be so called.

Bellingham-Smith was indeed supremely gifted. Yet, with all his gifts, his character was strangely compounded. Of his remarkable powers as an operator there was never any doubt. Like Poland, Arthur Durham and Lane, in the opinion of the Hospital, he won a place in the highest class. Nor was his reputation confined to Guy's; his gynæcological colleagues elsewhere were well aware of his preeminence. The speed with which the end of some complicated operation was reached was only equalled by the rapidity with which his patients made their untroubled recovery. He accomplished in a time that could be reckoned in minutes, proceedings to which his predecessors had devoted hours. His methods were of the simplest and he always seemed to use the fewest possible instruments. It was said that on one occasion he arrived at a Nursing Home to perform a serious operation with four Spencer Wells, a scalpel and a pair of scissors, which he produced from the pocket of his greatcoat.

But with all his brilliant gifts he combined so complete a failure to order his daily life that his services were very seldom in demand outside the Hospital. Methodical ways, punctuality, early rising and other virtues very necessary for surgical success, he never attained, and an urgent call from a doctor, as likely as not, could be answered only with the information that Mr. Bellingham-Smith had left home some hours before and that it was not known where he was or when he would return. The lure that so often called him from duty was the saleroom where he might add to his great collection of prints, drawings and water colours as well as of porcelain and glass. Of such things he was a noted connoisseur, knowing just what to buy and also just when to sell, so that it was alleged that in this way he made more money than he did by the practice of the specialty in which he was so great a master.

Cheerful of countenance, but woefully untidy in dress, he went his way, whether on the concerns of the Hospital or on his own affairs, to the accompaniment of a flow of talk, rich and humorous, a flow which never ceased except when after each telling sentence he paused for a moment to interpolate a quick succession of interrogatory sounds, mm . . . mm . . . mm . . . , as though soliciting confirmation of the truth of what he was saying. When he retired under the age limit in 1926 the Hospital lamented the loss of one who, if he never had had his due reward, was a man rich in achievement and in character. He died in 1945.

The coming of Marcus Seymour Pembrey to Guy's was in every way fortunate. He had had a distinguished career at Oxford and as Radcliffe Travelling Fellow had made good use of his time. After acting as Demonstrator to Burdon Sanderson at Oxford, he was appointed, in 1895, Lecturer in Physiology in the Medical School of Charing Cross Hospital, and in 1900 he succeeded Starling at Guy's. His predecessor had asked for, but had never received, complete control of the Department of Physiology. It was Starling who had made the practical teaching of Physiology a reality but until he moved to University College his Lectureship was still held jointly with a member of the Clinical Staff. His successor from the first was in undisputed command and he took full advantage of his position. For Pembrey was no respecter of persons and if he thought it right, on any occasion, to protest, protest he did in a very outspoken way. To Deans and Superintendents, even to Treasurers, his criticisms and his claims were at times a source of vexation but there was never any doubt that his demands were always made in the interests of the School and never in his own. And as the years passed it became more and more evident that, when Pembrey took a strong and perhaps for the moment an unpopular line, there were generally sound reasons for his attitude. His own Department he ruled wisely and well and the innovations which he introduced, and they were many, came to stay.

**Mr. Guy's Hospital,* by H. C. Cameron, published by Longmans Green & Co. 30/-

From the first Pembrey was able to show how fruitfully the work of a Department of Physiology in a great teaching Hospital could be brought to bear upon the clinical investigations in the wards. Because the Physiology that interested him most was the Physiology which itself might be called clinical, his value as a teacher of medical students was immense. His Department, in consequence became, in a very real sense, a training ground for young physicians. Many of his demonstrators, who found in working with him none of those difficulties which sometimes obtruded in his relationship with Deans and Superintendents, were promoted to positions on the Hospital Staff. Nor did their close association then cease. Many of them returned to work with him in continuous and happy companionship.

In 1902 Pembrey founded for his students the Physiological Society, a Society over which he presided for more than thirty years, which never showed any sign of diminishing popularity, and which came to occupy in the students' estimation a place equal to that of the ancient Pupils' Physical Society. To read the titles of the long succession of communications is to realize how strongly Pembrey influenced his students' minds. As its presiding genius, Pembrey was at his unequalled best. With racy, provocative speech, he could be relied upon to incite controversy upon any conceivable subject.

In due course Pembrey was appointed Professor of Physiology in the University of London and in 1922, to everyone's delight, he was made a Fellow of the Royal Society. Although his tenure of his post was extended until the age of sixty-five, he remained to the last young, buoyant and combative. It came as an unexpected shock to everyone when in 1934 news reached the Hospital that within a year of his retirement he had died suddenly.

Thirty Years Ago

From Guy's Hospital Gazette, 27th September, 1924.

Medical Education in the Pre-Clinical Period. By Professor Pembrey, M.D., F.R.S.

There is little doubt that the pre-clinical period is not the most popular part of medical training, and it is customary to give reasons for its separate existence. In former days when medical students were apprentices and " walked the Hospital," there was a much earlier contact with the sick and the maimed, with the problems of the life's work of a medical man. There are advantages and disadvantages in the changes which have occurred in medical education, but any unbiased estimate will show that the former far outweigh the latter . . . Life is so complex that all branches of knowledge are needed in any attempt to understand the problems of health and disease . . . Medical education is a compromise, for different men have different ideals and schemes. We may congratulate ourselves that the Medical School of Guy's Hospital has shown its recognition of the importance of the Preliminary and Intermediate subjects by the provision of laboratories adequate for teaching and research, and in a far greater measure than that found in most medical schools has encouraged the co-ordination of the pre-clinical work with clinical teaching and research.

Out of the postbag.

" My throat is so wonderfully small I can't remember it having been anything like it before in my life . . . " (*Grateful patient after partial thyroidectomy*).

" I had been taking ' change of life ' tablets for a little while before going into Guy's . . . "

NURSES' PRIZE GIVING

The annual presentation of prizes and medals took place on Thursday, September 23rd. The Physiology Theatre, kindly lent by Professor Spurrell, was filled to capacity. Lord Cunliffe, Chairman of the Board of Governors, presided and gave a short address of welcome. He mentioned this was the first occasion on which Miss Addison had attended as Matron of the Hospital.

The Matron then spoke of recent changes in the Nurses' residences, alterations in the span of duty, " twilight " duty hours introduced experimentally were no longer in force. Concessions had now been approved for a reduced period of training for Guy's nurses (State Registered) who undertook training for the Sick Children's Register at the Evelina Hospital and also for nurses trained at the Evelina Hospital who were on the Sick Children's Register and wished to do their general training at Guy's. Similarly concessions had been approved for Guy's trained nurses training for the Mental Register in York Clinic and Bexley Mental Hospital. A few nurses had availed themselves of the opportunity of obtaining the Certificate of the British Tuberculosis Association at the Chest Unit, Grove Park Hospital, where Guy's nurses in general training may obtain experience. The Matron spoke in appreciation of the help given by voluntary workers within the Hospital.

The Sister Tutors gave a brief report of the work of the past year and Sister Odelga of York Clinic concluded, speaking of the importance of some psychiatric experience during general training. As 40% of hospital beds are at the present time required for patients with mental illnesses, a plea was made that the nurses nearing completion of general training should seriously consider training in psychiatric nursing.

Mr. Slesinger, Vice-Chairman of the Board of Governors, in the absence of the Superintendent, made reference to the plans for the rebuilding of the Hospital. Unfortunately, we did not appear to have made much progress.

The prizes were then presented by the Countess of Limerick, G.B.E. (Vice-Chairman, Executive Council, British Red Cross Society).

Pharmacology

1st Prize	*2nd Prize*
J. Rothery	M. Bowes
E. Stevenson	H. McCarthy
P. Foster, B.Sc.	E. Howard-Allen
J. Jenner	E. Coaks
K. Mullins	L. Culley

Surgery and Surgical Nursing

1st Prize	*2nd Prize*
A. L. Dawson	G. Herbert
D. Cozens	J. Milbourne
M. Rowland	M. Putt
I. Steedman	A. Young
M. Ashworth	K. Mullins

Medicine and Medical Nursing

1st Prize	*2nd Prize*
M. Restell, B.A.	J. Gawthorne
A. L. Dawson	M. Bentley
J. Rothery	J. Cooper
	M. Wesson

Special Diseases

1st Prize	*2nd Prize*
A. Long	V. Geeson
M. Watson, B.Sc.	M. Restell, B.A.
J. Dolman	M. Bowes
J. Rothery	E. Hughes

Guy's Final Examination

1st Prize	*2nd Prize*
A. Long	D. Walton
P. Grundy	M. Latchford
M. Cousins	D. Davies
N. Y. Allan	M. Watson, B.Sc.

The Evelina Hospital for Sick Children.		
Surgery and Surgical Nursing		E. Strain
Special Diseases of Children		N. Lilliott
Medicine and Medical Nursing		N. M. Martin
Hospital Final Examination	*1st Prize*	J. Piper
	2nd Prize	S. A. Dennis
Medals	*Gold Medal*	A. Long
	Silver Medal	M. Watson, B.Sc.
	Bronze Medal	M. Restell, B.A.
Butterworth Medals		V. Cooper B. Skottowe M. E. Smith M. Stockdale

A copy of the History of Guy's was then presented to the Countess of Limerick by Nurse Restell on behalf of the nurses.

The address by Lady Limerick followed. She spoke with pride of her close and happy association with the nursing profession both as a member of the General Nursing Council and also in connection with the Red Cross Society. As well as the hard work required in gaining prizes qualities of character and leadership were developed during training. That greatest of pioneers, Florence Nightingale, believed that every nurse should be trained to lead and be willing to take responsibility. She despaired of " excellent gentlewomen more fit for heaven than a hospital ". She demanded the unceasing energy and the dauntless spirit of the pioneer.

Nursing passed through many phases till it emerged, through the influence of Florence Nightingale, as one of the most honourable of professions. The nursing profession today was faced with great problems, international in scope. Lady Limerick hoped that nurses of the present time would follow the example of Florence Nightingale in a bold approach to world problems. They should not be hampered by outworn dogmas.

Nursing should be a most satisfying career both from a sense of achievement and a breadth of outlook which came from dealing with individuals. Lady Limerick gave all the nurses present her good wishes in the contribution they were making to the health, happiness and well-being of their fellow men.

A vote of thanks was proposed by Nurse A. Long and seconded by Nurse M. Watson.

We acknowledge with gratitude the receipt of the following of our contemporaries.

Acta Morphologica, Acta Tuberculosea Scandinavia, Annales Medicinae Internae Fenniae, The Architectural Assoc. Journal, Archivos de Hospital Universitaro, Australian and New Zealand General Practitioner, Bibliographical Bulletin, Birmingham Medical Review, British Dental Journal, British Dental Nurses' Journal, British Medical Journal, The Broadway (Westminster Hospital), Cambridge University Medical Society Journal, Canadian Dental Association Journal, Canadian Medical Association Journal, Clinical Excerpts, Conquest, Dental Record, Eugenics Review, Gumna Journal of Medical Sciences, Health Education Journal, Health Information Digest, The Hospital, Hospital and Social Service Journal, Indian Heart Journal, Journal of The Pakistan Medical Association, Keio Journal of Medicine, King's College Hospital Gazette, Kobe Journal of the Medical Sciences, Kumato Medical Journal, The Lancet, London Hospital Gazette, Lotta contro La Tubercolosi, Manchester University Medical School Gazette, Medical Journal of Osaka University, Medical Press, Medical Times, Medical Review, Middlesex Hospital Journal, Modern Medicine, Nagoya Journal of Medical Science, Nagoya Medical Journal, Newcastle Medical Journal, Northwest Medicine, Nursing Mirror, Nursing Times, Osaka Daigaku Igaku Zassi, Pharmaceutical Journal, The Practitioner, Postgraduate Medical Journal, The Red Cross World, Revista Medica del Hospital Obrero, Revue Medicale, St. Bartholomew's Hospital Journal, St. George's Hospital Journal, St. Mary's Hospital Gazette, South African Medical Journal, Terapeutico, University College Hospital Dental Journal, University College Hospital Magazine, West London Medical Journal, Yokohama Medical Bulletin.

CORRESPONDENCE

Letters to the Editor of the Gazette

Problems in Hospital Administration

From the Clerk to the Governors

SIR,—The staff of the Hospital have probably recently been embarrassed by the restrictions that have had to be placed on the amount of linen sent to the laundry. These restrictions will, we hope, only be temporary, and they are due entirely to the fact that our laundry staff is far below its full complement, and further, what remains of the complement or establishment, has been seriously depleted in the past three or four months by both holidays and illness. The number of employees normally working in the laundry should be 38 ; the average for the months of June, July, August and September was 28.

In an effort to maintain a supply of clean linen we managed for a short time to have the white coats laundered at a large mental hospital in the country, but after a few weeks they informed us that they could not continue to undertake this work on our behalf as they were suffering from staff shortage.

To remedy shortage of staff, we have inserted advertisements in the local press, kept in constant touch with the Labour Exchange, asked members of the staff of the laundry if they knew, or could put us in touch with anyone prepared to work there, but we have been unable to fill the vacant posts. Five commercial laundries have been asked if they will undertake some section or part of our wash, without success. (They too state they were very short of staff.) We have tried to arrange for other hospitals with their own laundries, including large mental hospitals and those situated in the country, to undertake part of our work, but again without success.

The Governors are well aware of the position, and are taking every step open to them to remedy the difficulty.

Yours etc.,

B. LEES READ,
Clerk to the Governors.

Another Gruesome Incident

From Dr. P. R. Evans

SIR,—Reading P. T.'s account of his experience of puppies in the peritoneum reminded me of the time when, returning late from the theatre, I was telephoned by the Surrey police. Had I conducted an autopsy on Baby Girl Soandso? I had. Was the infant stillborn? She was. Would I get a certificate to that effect into the post tonight, without fail? I would.

The last post was then at midnight, and my wife called down to the postmen who was clearing the box to wait for an important letter, while I scribbled the certificate, ran down from our top-floor flat, and gave it to him.

I was a registrar, but not at Guy's. When I reached the hospital in the morning I filled in the gaps in the story. Poor baby Soandso had been lying on the slab one day when I went to see the autopsies. The Assistant Physician and Pathologist was so busy demonstrating an interesting adult to the students that he had no time for the baby. On the following day I saw the same thing happen, and again she was returned to the cold vault. On the third day he was deeply involved in a case showing the effects of prostatic obstruction, so I dissected the baby. After we had all gone the P.M. attendant tidied up, putting the baby in the old man's abdomen and closing it. The relatives removed the body and decided that they wanted it embalmed. The undertakers unstitched, and found the baby. Nowadays I suppose it would pass as just another example of heterosexual teratoma, but they informed the police.

Two large policemen, polite but insistent, called at the hospital, and asked the pathologist what he had to say. Protesting his innocence but pale and trembling, he led them to the P.M. attendant, who listened unmoved and replied : " Put it in the old gent.? 'Course I did. What d'you expect me to do? Got to put 'em somewhere, haven't I? "

Yours etc.

P. R. EVANS.

Wanted Teeth

SIR,—I should be grateful if you could permit me to bring to the notice of Guy's qualified dental surgeons our need for extracted natural teeth for use in the Phantom Head. Since fewer teeth are extracted now than were at one time, the local supply is quite inadequate for our need, and we are continually on the look out for new sources.

If any practitioners would be willing to help us by saving, even small numbers of suitable teeth, I should be glad to provide containers and instructions for packing and posting.

Yours etc.,
A. D. ROBINSON.

Dental Department,
Guy's Hospital, S.E.1.

Medical Mispronunciation

SIR,—I was very surprised to see Dr. Vertue's eloquent but misguided letter in your last issue. It sounds as though he is fighting a dogged but I hope, losing battle in his defence of the now archaic word *scotch*. Whatever word the Englishman uses when referring to reels, salmon or woodcock, the adjective *scotch* is surely only correct when applied to such delicacies as whisky, eggs or pancakes.

Does Dr. Vertue seriously imagine that even British Railways (a hybrid organisation if there ever was one) would allow the Flying *Scotchman* to run the risk of being mobbed at Edinburgh Waverley? They very wisely retain the time hallowed and nationally approved *Scotsman*.

Dr. Vertue is an exponent of strictly correct usage in medical terms and for him to allow incorrect usage of other terms by permitting the corruption of the word *Scots* seems to me to be a betrayal of his own cause. I would hate to think, Sir, that Scottish spelling and pronunciation should be controlled by the custom of Orpington (and Dublin once removed). My fellow Scots would, I am sure, agree that Dr. Vertue's arguments deserve only to be scotched.

Yours etc.,
P. S. BOULTER.

Firm Dinners

SIR,—When I left Guy's, not so long ago, the Medical School was still virtually a male stronghold—the first few women had penetrated as far as the dissecting rooms, but they had not yet appeared upon the wards.

Now, one of the outstanding features of the clinical period of study in those days was the Firm Dinner that marked the end of each appointment, to which the Chief, Registrar and Houseman were invited. These happy and alcoholic functions were renowned for the extremely masculine nature of the entertainment they provided—entertainment of a nature quite unthinkable in the presence of ladies.

What has happened to the old Firm Dinner? Has it been abandoned, or has it been watered down to the vicarage tea-party level to suit all parties? The thought of an emasculated version of this old custom appals me—it would be somewhat akin to disbanding the rugger team in favour of a weekly round of croquet.

Perhaps some of the present clinical year men can put my mind at ease.

Yours etc.,
A. A. COLLIS.

17, Ewenny Road,
Bridgend,
Glamorgan.

New Students

SIR,—At this season of the year, the students of the various schools at Guy's prepare to welcome another influx of new blood into their ranks. The schools attract students from many parts and gladly extend to them the privileges of being members of the Guy's community.

One cannot help wondering, on seeing all the new faces about the Park, what these newcomers are prepared to give back to Guy's in return for the privileges received. In the past few years this has all too often been precious little. What one may call " Out of School Activities " have received steadily decreasing support and such organisations as the Music Club, Theatre Club and Debating Society, as well as the athletic clubs, have had to fight a steadily increasing apathy in the bulk of the students. Other institutions such as the Student Union exhaust themselves and their few keen supporters in sporadic bursts of activity.

The cause of this creeping paralysis is obscure. Surely Guy's is not becoming a " Degree Factory " turning out therapeutic technicians—however well trained? Whatever the diagnosis however, one hopes that the new students will not confine themselves to the classroom but will partake of the varied range of interests which our clubs and societies offer.

Yours etc.,

C. PETER BRIGGS.

Photography

SIR,—Has there ever been a Photographic Society at Guy's ?

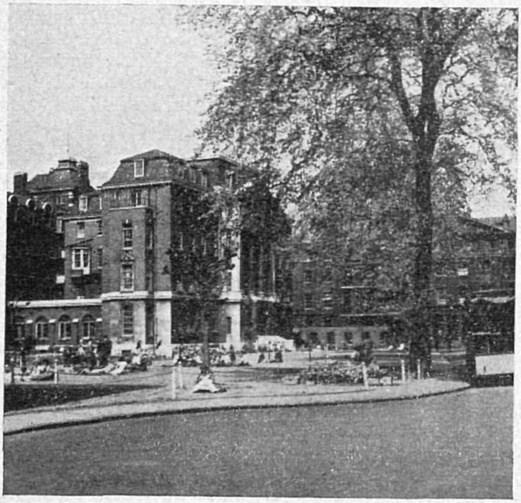
Photography is one of the finest recording mediums, a fact which has gained considerable recognition in the medical and dental professions. Also a delightful hobby that can be inexpensive.

Surely such a society could be useful at Guy's—maybe one could be formed.

Yours etc.,

R. E. BARBER.
H. MERCER.

We suggest that those who are interested in the formation of such a society should get in touch with the writers of this letter who are in the Dental School.—EDITOR.



A view of Shepherd's House from the park, taken recently by Mr. L. V. Hughes of the Photographic Department.

REVIEW

Textbook of Obstetrics. By JOHN F. CUNNINGHAM, M.D., M.A.O., F.R.C.P.I., F.R.C.O.G. Wm. Heinemann & Co. Ltd. *Price* 40*s.*

This is the second edition of Professor Cunningham's textbook. Although written primarily for students, it also very adequately fulfils the place of a book of reference for the General Practitioner Obstetrician. The author has paid particular attention to giving an account of the ethical standards of the Roman Catholic Church. Although such matters that are affected by the Catholic standards are dealt with from a most balanced viewpoint, the result emphasizes the divergence of opinion that does exist.

The book is outstandingly well written, and the concise lucid writing has resulted in a comprehensive textbook of under 500 pages. The standard of illustration by photograph and diagram is very good, but is marred by the diagram of pudendal block which is not clear, and is without sufficient text, an X-ray purporting to show a flat brimmed pelvis whilst the obturator fossæ are clearly outlined, and some poor drawings of birth injuries to the infant where photographs of such conditions should be readily obtainable.

Mention must be made of the chapters on contracted pelvis, and the management of disproportion which are quite outstandingly well written.

Unfortunately some serious criticisms must be raised, particularly at the advice given to perform Crédé's expression on the relaxed flaccid uterus, on manual removal of the placenta without anæsthesia, and on evacuation of incomplete abortion without anæsthesia. There are also some differences in terminology used in respect of fœtal head diameters, and grading of placenta prævia. There is complete omission of the definitions of puerperal pyrexia, infant mortality rates and so forth.

In summary then, this is generally an excellent book, particularly for the Catholic doctor intending to practise midwifery in General Practice. However, marked differences in some aspects of treatment, and some notable differences in terminology and definition, make it inadvisable to recommend this as an only textbook to the student taking examinations in England.

V.B.

SPORT

RUGBY FOOTBALL

Guy's v. U.S. Portsmouth

Result: Won 11-6
October 2nd, 1954

Under ideal conditions, the Hospital XV played a hard, fast and open game to become victors over U.S. Portsmouth by two tries and a goal to two penalty goals. The large crowd was given an exhibition of good rugby by both sides, the hospital backs in particular producing some sparkling play. The forwards stuck to their task against heavier and more experienced opponents and obtained a fair share of the ball in all departments of the game. This is a good win for Guy's, particularly since there were a number of changes in the side due to injuries.

In the absence of Labuschagne, Hobbs put up a creditable performance in hooking a good percentage from the right, and there was more support from the rest of the scrum than in previous weeks. In the line-outs where their forwards jumped higher and with more purpose than the hospital men, the Services had a slight advantage, and they tended to break through far too much. The hospital forwards showed themselves to be versatile in the loose, Lillicrap, in his first game for the 1st XV, being particularly prominent in this respect. Morgan was always to be seen doing useful work in the right.

The Guy's backs played well in attack and their defence showed no flaws. Hackett got the line moving very quickly and was the instigator of many fine moves. His initiative combined with the fine play of Hawley and Lindsey in the centre, resulted in two tries being scored. It was the combination of these three that was the most impressive feature of the match.

The first score of the game came after some neat interpassing between the backs and fine runs by Hackett and Hawley, the latter grounding the ball. The kick failed and Guy's led 3-0. The hospital was lucky to escape when two penalty kicks by the Services narrowly missed the posts, but a third was put over to make the score 3-3. Shortly afterwards some quick passing between the Guy's forwards resulted in Hobbs going over for a try and Guy's led 6-3, the kick having failed. Later the hospital was once again penalised for off-side and the score became 6 all. Towards the later stages of the game the backs tried everything they knew to break through the Services' defence and finally succeeded when an inside pass from Hawley sent Lindsey over for a try. Cooke converted and Guy's led 11-6. In spite of many effective cross kicks by the Services wingers, the Guy's defence held firm, and the game ended on as fast a note as it had begun.

Team : G. D. Thomas, C. E. Evans, M. Lindsey, R. T. Hawley, B. L. Dodson, G. W. Hackett, R. K. Knight, Boyle, Hobbs, D. C. Lee, R. C. Morgan, A. C. Gunn, N. W. Glen-Hackett, R. K. Knight, Boyle, Hobbs, D. C. Lee, R. C. Morgan, A. L. Gunn, N. W. Glendinning, S. A. R. Cooke, D. A. Lillicrap.

HOCKEY

Guy's v. South Saxons

Result: Won 3-0
H.O.P., 9th October, 1954

In the first match of the season Guy's played their old friends the South Saxons. The latter having made the journey from Hastings, the match started rather late, but was played under ideal conditions on a very good, firm pitch

The game began at a fast pace with Guy's the slightly more lively side. The hospital team quickly settled down into an efficient combination playing clean, open hockey.

Knapman at centre-half, playing his first game for Guy's, was impressive, and opened the scoring after about twenty minutes play. The hospital continued to control the game although there were no further goals by half-time.

After the interval, Guy's, though still playing very well, could have yet been that half-a-yard faster on the ball. The second goal was scored by Cooke, who drove the ball with vigour and determination into the net. The final goal was scored about ten minutes before the end of the game, when Cox brilliantly followed up a rebound from a short corner.

The forwards played well, moving the ball about freely, Cooke being quite outstanding on the right wing. All the defence were extremely solid, allowing our opponents only two really dangerous shots at our goal ; they distributed the ball hard, cleanly and accurately and mastered the opposition with confidence.

Team : N. Clarke ; H. M. Tuddenham, D. R. Laney ; R. Elsdon-Dew, W. R. Knapman, M. B. Mackenzie ; J. J. Hall, J. I. Millar, M. F. Willis, M. H. Cox, N. R. Cooke.

Guy's 2nd XI v. South Saxons 2nd XI

Result: Won 5-1

H.O.P., 9th October, 1954

SWIMMING

London Hospitals Physiotherapy Schools Swimming Gala

Fulham Baths, Monday, September 27th. Won by Guy's Hospital.

Team : Miss Spindler
Miss Hildrop
Miss Cullinan
Miss Eldridge
Miss Powell
Miss Shaw
Miss Wilson

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

December 1st, 1954

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on December 1st, 1954.

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of O.P.O. (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of O.P.O. (Medical) or will remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Out-Patient Officers (*Pre-Registration*) .. 5
House Surgeons (1 *Pre-Registration*)
(1 *Post-Registration*) .. 2
House Physicians (1 *Pre-Registration*)
(1 *Post-Registration*) .. 2
Resident Obstetricians (*Post-Registration*) 1
(*commencing* 1.1.55)
Ophthalmic House Surgeon (*Non-Resident*)
(*Post-Registration*) 1
Throat and Ear House Surgeon 1
(*Pre-Registration*)
(3 months at Guy's Hospital followed by 3 months at Orpington Hospital).
Dermatological House Physician (*Post-Registration*) (*Non-Resident*) 1
Genito-Urinary House Surgeon 1
(*Pre-Registration*)
House Surgeon to the Thoracic Unit 1
(*Post-Registration*)
Children's House Physician (Guy's) 1
(*Pre-Registration*)
Children's House Surgeon (Evelina) 1
(*Pre-Registration*)
House Physician to the Department of Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) 1
House Physicians in the York Clinic 2
(*Senior House Officer*)
Resident Anæsthetist (*Post-Registration*) .. 1
(commencing 7.1.55)

The Medical Committee will also consider applications for appointments at outer hospitals as follows :—

ORPINGTON HOSPITAL
House Surgeons (*Pre-Registration*) .. 2
Orthopædic House Surgeons 2
(*Pre-Registration*)

ST. OLAVE'S HOSPITAL
House Surgeons (*Pre-Registration*) .. 2

QUEEN MARY'S HOSPITAL, SIDCUP
House Surgeons (*Pre-Registration*) .. 2

JOYCE GREEN HOSPITAL, DARTFORD
House Physician (*Pre- or Post-Registration*) 1

PEMBURY HOSPITAL
House Surgeons (*Pre-Registration*) .. 2

ST. JOHN'S HOSPITAL, LEWISHAM
House Physician (*Pre-Registration*) .. 1
House Surgeon (*Pre-Registration*) .. 1

LEWISHAM HOSPITAL
House Physician (*Pre-Registration*) .. 1
(2nd six months)
House Surgeon (*Pre-Registration*) .. 1

Applications, giving choice of post and choice of Hospital in order of preference, should be lodged in the Superintendent's Office, not later than **Monday, 1st November, 1954.** Candidates who apply for appointment at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES

Pre-Registration Candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointment at Guy's, therefore, are advised to consider applying for Pre-Registration Posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical or Medical posts respectively. The post of R.O. will be regarded as a Surgical post only and not a Medical post.

NEW STUDENTS—OCTOBER, 1954

GUY'S HOSPITAL MEDICAL SCHOOL

1st M.B.

M. F. Biggin	Kingswood School.
A. J. Bron	City of London
J. P. B. Budgen	Christ's Hospital
R. G. Bury	Dulwich
Miss M. E. Cash	Cheltenham Ladies' College
M. E. Cavendish	St. Clement Danes Grammar School
T. J. H. Clark	Christ's Hospital
H. M. Clink	Merchant Taylors'
Miss J. Craig	St. Dominic's High School, Stoke-on-Trent
C. S. D. Crane	Southfield School, Oxford
J. Davies	Cathedral School, Hereford
E. R. Dixon	Warwick School
J. D. Eustace	Blundells
Miss A. D. Fairclough	Convent High School, Highgate
P. P. Fanning	St. Joseph's College
I. T. Field	Bournemouth School
D. J. Fishlock	Dulwich
Miss J. P. Fry	Whyteleafe Grammar School
Miss S. R. Greenwood	Cheltenham Ladies' College
J. B. Gritton	St. Olave's Grammar School
I. W. Hanwell	Uppingham
R. T. J. Hawkins	Dulwich
R. D. Hill	Coventry Technical School
K. E. F. Hobbs	Bury St. Edmunds Grammar School
A. P. Hopkins	Sherborne
K. E. E. Hubble	Woolwich Polytechnic
R. K. R. Innes	Clifton
D. A. H. Langman	St. Paul's
J. Leyshon	Llandovery College
J. D. Lloyd-Still	Bedford
D. L. Morgan	Nantyglo Grammar School
Miss M. M. Nelson	St. Hilary's School, Edinburgh
J. R. Norman	Kimbolton School
N. N. O'Sullivan	St. James' School, Burnt Oak
L. M. Razavi	Beaumont
D. A. Reynolds	Hurstpierpoint
J. M. Robertson	Cranleigh
G. M. Slade	Sherborne
M. A. B. Sneary	Alleyn's School
R. S. Terry	Solihull School
Miss P. M. Thompson	Lillesden School
E. R. Walrond	Harrison College, Barbados
P. B. Wemyss-Gorman	Cranleigh
M. S. Wirk	Duke of Gloucester School, Nairobi
J. D. Wonham	Bryanston
L. J. F. Youlten	St. Benedict's School

2nd M.B.

Miss M. J. Bown	Clacton High School
D. Davies	Pontllanfraith Grammar School
H. Dexter	Wyggeston Grammar School
Miss M. S. Donovan	Malvern Girls' College
F. W. L. Engmann	University College of the Gold Coast
A. E. Green	Latymer's School
P. R. Grob	Finchley Grammar School
C. E. Harley	Epsom
L. A. Hurt	Palmer's School, Grays
W. F. Jaworski	Alleyne's Grammar School, Stevenage
Miss A. P. John	St. Paul's
I. W. Jones	Llanelly Grammar School
B. N. C. Kempton	St. Paul's
R. L. King	Tiffin Boys' School, Kingston
Miss J. M. Kubale	St. Paul's
D. N. Landon	Lancing
S. A. C. Lynes	Seaford College
R. W. May	Surbiton Grammar School
H. J. Missen	Hampton Grammar School
R. L. Mitchell	Eastbourne College
J. C. Oakley	St. Clement Danes Grammar School
D. K. Payler	Tiffin Boys' School, Kingston
V. Promtatvethi	Vajiravudh College, Bangkok
J. W. Rollins	Tiffin Boys' School, Kingston
D. J. Smith	Itchen Grammar School, Southampton
E. K. M. Smith	Dulwich
A. F. Tredre	Epsom
Miss W. M. M. Tully	Bromley High School
A. Vejjajiva	Assumption College, Bangkok
P. T. Whitehead	Sir Joseph Williamson's Mathematical School, Rochester
D. E. Williams	Towyn Grammar School

CLINICAL

A. A. Akiwumi	Corpus Christi College, Cambridge
A. Bowyer	Pembroke College, Oxford
W. J. Cliff	Clare College, Cambridge
F. B. Coleman	Queen's College, Oxford
R. R. Cox	University College, Oxford
T. R. Cullinan	Trinity College, Cambridge
Miss K. E. Cuthbert	Newnham College, Cambridge
P. M. E. Drury	Trinity College, Cambridge
N. A. Harker	St. John's College, Cambridge
P. G. Hickson	Manchester Medical School
H. C. Hollingworth	St. Catharine's College, Cambridge
I. McD. Jessiman	Magdalene College, Cambridge
B. A. Latham	Trinity Hall, Cambridge
N. Malcolm	Emmanuel College, Cambridge
J. A. Mathews	Jesus College, Cambridge
J. G. Miller	Peterhouse, Cambridge
N. M. Morgan	Downing College, Cambridge
J. A. Parsons	Lincoln College, Oxford
Miss A. W. Peryer	Girton College, Cambridge
R. Rendell	Christ's College, Cambridge
J. E. Robinson	Emmanuel College, Cambridge
M. A. Hamilton-Russell	University College, Oxford
S. O. Wamuo	Fitzwilliam House, Cambridge
G. Willett	Caius College, Cambridge

GUY'S HOSPITAL DENTAL SCHOOL

1st YEAR B.D.S. STUDENTS

N. P. S. Barry-Taylor	The King's School, Ely
D. Bevan-Thomas	Cheltenham College
C. T Brooks	King's School, Rochester, Kent
D. G. Carr	Bradfield College
S. A. Chan	Royal College School, Mauritius
Miss A. Chapman	Cheltenham Ladies' College
K. S. Cowley	King Edward VI School, Chelmsford
Miss B. M. Cox	Perse School, Cambridge
I. Evans	Carmarthen Grammar School
T. L. Griffiths	Llandovery College, Carmarthenshire
D. J. F. Gurney	Latymer Upper School, Hammersmith
Miss J. Hampton	St. Paul's Girls' School
Miss A. Hasquencort	The County Grammar School for Girls, Bridgend
D. G. Lloyd	Llandovery College, Carmarthenshire
T. Lloyd	Jones' West Monmouth School, Pontypool
J. M. Murray	Dulwich College
C. S. A. Madgwick	Epsom College
I. A. Ogoe	University Tutorial College, London
M. W. J. Older	Hampton Grammar School, Middx.
D. B. Rosser	Jones' West Monmouth School, Pontypool
R. J. Thomas	Epsom College
Miss R. Walsh	Convent F.C.J., Poles, Herts.
Miss R. U. Ward	Mill Mount Grammar School, York
M. J. Watts	Colfe's Grammar School
D. L. Wedgwood	Bury Grammar School, Lancs.
J. F. Welford	Barnard Castle School, Co. Durham
D. H. Wright	Acton County School, London

1st YEAR L.D.S. (PRE-MEDICAL) STUDENTS

Miss F. Adams	St. George's School, Harpenden, Herts.
M. A. C. Archer	Felsted School, Essex
N. J. Balcombe	The Royal Commercial Travellers' Schools, Hatch End, Middx.
R. J. Beardon	The Tiffin Boys' School, Surrey
M. H. Craft	Colfe's Grammar School
Miss. E. Dybing	Ris Secondary School, Oslo, Norway
J. M. Evans	Emanuel School, London
M. T. Gain	Dulwich College
W. J. Humphreys	Queen Elizabeth's School, Alford, Lincs.
K. G. Isaacson	Eltham College
J. M. A. Jones	Repton School
J. D. Mackinder	University College School, Hampstead
A. E. Mbongo	King's College, Lagos, Nigeria
J. D. O'Grady	Belmont Abbey School, Hereford
J. J. Ostrowski	Wimbledon College
F. P. Parisi	Belmont Abbey School, Hereford
W. F. Pick	Leighton Park School, Reading
R. H. Podd	Framlingham College, Suffolk
S. P. Robertson	St. Dunstan's College, London
A. C. E. Seare	Brighton College
D. J. Simmons	Tollington School, London
M. J. Varney-Burch	Dover College

2nd YEAR B.D.S. STUDENTS

P. Banks	Oakham School, Rutland
Miss M. J. Drage	Lewisham Prendergast School
Miss I. K. Friedman	Willesden County Grammar School
E. D. Fulstow	The Lower School of John Lyon, Harrow
B. N. Goode	The Lower School of John Lyon, Harrow
C. Green	Bishop Wordsworth's School, Salisbury
M. J. Hill	Sir Joseph Williamson's Mathematical School, Rochester, Kent
J. L. Humphrey	Merchant Taylors' School, Northwood
D. C. Inman	Bloxham School, Banbury, Oxon
T. T. Kolb	Latymer Upper School, Hammersmith
E. L'Efevre	Seychelles College
G. J. Longson	The Tiffin Boys' School, Surrey
M. Mahendra	Victoria Institution, Kuala Lumpur, Malaya
J. M. McCormack	Merchant Taylors' School, Northwood
R. Naylor	Hendon Grammar School, London
T. K. Oh	St. Michael's Institution, Ipoh, Malaya
R. E. Potts	Luton Grammar School, Beds.
D. C. Sellman	Kilburn Grammar School, London
S. J. Whitten	Charterhouse *and* Clare College, Cambridge

2nd YEAR L.D.S. STUDENTS

C. C. Berwick	Allhallows School, Rousdon, Dorset
J. C. Bradley	Poole Grammar School, Dorset
J. Bunyan	Westminster School
H. Cannell	Mill Hill School, London
G. S. Crimp	Claremont School, West Australia
Miss R. M. Cocker	Hawnes School, Beds.
Miss J. R. Gibson	Godolphin School, Salisbury
B. J. Heath	Newton Abbot Grammar School, Devon
S. Humphreys	Stationers' Company's School, London
J. A. Kelvin-Davies	Allhallows School, Rousdon, Dorset
Miss M. L. Kodicek	South Hampstead High School
P. Kurland	Stationers' Company's School, London
A. H. Lewis	Christ's College, Finchley, London
S. C. Meakin	County Grammar School, Gravesend, Kent
D. M. Orlans	Epsom College
T. H. Redpath	Barnard Castle School, Durham
D. A. B. Shakerley	Sherborne School, Dorset
I. A. Stuart	St. Olave's & St. Saviour's Grammar School, London
T. G. B. Wilson	The Royal Grammar School, Lancaster

NURSING STAFF—OCTOBER, 1954

SENIOR NURSING STAFF
GUY'S HOSPITAL

MISS J. ADDISON, *Matron*

Administrative Staff.

Sister G. Colthorpe	*Assistant Matron*
,, C. O'Toole	,, ,,
,, M. Davis	,, ,,
,, P. Grimwood	*Home Sister*
,, G. Barnard	*Relief Sister*
,, E. Ashurst	*Assistant Home Sister*
,, M. Wetherell	*Office Sister*

Sister Tutors.

Sister Dorothy Holland	*School of Nursing*
,, Christine Youell	,, ,,
,, Barbara Pegler	,, ,,
,, J. Russell	,, ,,
,, Janet James	*Preliminary Training School*
,, Brysson Whyte	,, ,,
,, E. R. Bailey	,, ,,

Heads of Departments.

Sister D. Jackson	*Midwifery Superintendent*
,, S. M. Evans	*Physiotherapy Dept.*
,, B. Randles	*Radiography Dept.*
,, D. M. Cross	*Night Superintendent*
,, M. Lloyd	*Nuffiield House*
,, E. P. Johnson	*Dental Dept.*
,, R. Thirlaway	*Linen Store*
,, J. Goodman	*Out Patients Dept.*
,, M. Osmond-Smith	*Midwifery Dept.*
,, M. Rusby	*Radiotherapy Dept.*
,, E. Macdonald	*York Clinic*
,, M. Phillips	*Theatres*
,, J. Jarvis	*Surgery*

Wards and Departments.

Sister A. Falwasser	*Job*
,, D. Perkins	*Nuffield House B floor*
,, M. S. Griffiths	,, ,, *C floor*
,, D. Chrimes	,, ,, *A floor*
,, E. Marvin	*Nurses' Sick Bay*
,, E. Wall	*William Gull*
,, P. Smyth	*Christopher*
,, M. Ellick	*Out Patients' Dept.*
,, D. Tart	*Nuffield D Floor*
,, N. Relihan	*Barnabas*
,, B. Stevenson	*Midwifery*
,, B. M. White	*Bright*
,, M. Odelga	*York Clinic*
,, M. A. Johnson	*Sarah Swift*
,, J. Hill	*Dorcas*
,, B. Rix	*Lydia*
,, M. Laws	*Nuffield Theatres*
,, F. Curtis	*Patience and Samaritan*
,, T. Wright	*York Clinic*
,, M. E. Smith	*Mary*
,, H. B. Cook	*Caleb*
,, J. Cooper	*Wilks*
,, B. Skottowe	*Theatres*
,, A. Lunn	*York Clinic*
,, C. Stack	*Ruth*
,, T. Dartnall	*Miriam and John*
,, J. Thomas	*Astley Cooper*
,, M. Y. Cox	*Victoria*
,, M. Day	*Queen*
,, D. Williams	*Night Sister*
,, O. Harland	*Luke*
,, U. Thomas	*Theatres*
,, M. Hickey	*Salomon's Centre*
Sister M. E. Turner	*Victoria*
,, J. E. Burns	,,
,, B. C. R. Taylor	,,
,, E. E. Roberts	*York Clinic*
,, B. Warne	*Diplock*
,, J. Brotton	*Deputy Night Superintendent*
,, E. M. Coulson	*York Clinic*
,, P. C. Asquith	*Addison*
,, M. Farnsworth	*Night Sister*

Charge Midwives.

C/M. E. Magee	*Victoria*
,, A. Mollison	*District*
,, M. Macdonald	*Victoria*

Charge Nurses.

C/N. A. Ozolcelms	*Theatres*
,, A. M. Rankin	*Out Patients' and Dental Dept.*

ORPINGTON GUY'S UNIT

Administrative Staff.

Sister B. Habbeshaw	*Assistant Matron*
,, Marion G. Stockdale	*Sister Tutor*
,, B. Arnold	*Home Sister*
,, B. Cheetham	*Assistant Home Sister*

Ward and Departmental.

Sister M. C. Davies	*Theatres*
,, L. Puddifoot	*Night Sister*
,, B. Stamp	*Fagge*
,, M. Calvert	*Theatres*
,, S. Killick	*Lister*
,, M. Walker	*Elizabeth*
,, J. Bennett	*George*
,, P. Reid	*Evelyn*
,, P. Yolland	*Auckland*

EVELINA HOSPITAL

Administrative Staff.

Miss M. A. Duncombe	*Lady Superintendent*
Sister C. Lister	*Sister Tutor*
,, D. Cohen	*Home Sister*

Ward and Departmental.

Sister B. Craig	*Night Sister*
,, D. Saunders	*Rothschild*
,, B. Hastings	*Theatre Sister*
,, A. Crump	*Annie Zunz*
,, D. May	*Out Patients' Dept.*
,, I. Bent	*Rothschild*

GROVE PARK GUY'S UNIT

Sister J. C. Summers

NURSING NEWS

Left : Sister Carter
S/N. D. Blanford
S/N. K. Marshall
S/M. G. Imley
S/N. J. Lander
S/N. P. Wilson

Entered : S/M. G. Stanway

Promoted to S/N.: M. Downer, Orpington
I. Wallace, Orpington

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PASS LIST

UNIVERSITY OF OXFORD

Second B.M. Examination

Long Vacation, 1954

General Pathology and Bacteriology

D. C. S. Hutchison

Forensic Medicine and Public Health

Angela M. Howe
M. Kinsbourne

Special and Clinical Pathology

Angela M. Howe
M. Kinsbourne

CONJOINT BOARD

L.R.C.P., M.R.C.S.

First Examination
September, 1954

Anatomy

C. M. Liassides
S. O'Connell
B. Pitt-Payne
I. I. Zayid

Physiology

C. M. Liassides
B. Pitt-Payne
W. J. W. Siddall
M. F. Waboso
I. I. Zayid

Pharmacology

N. W. Glendinning
P. D. Griffiths
C. E. A. Holden
G. I. Horsfield
D. M. McLaren
Moira A. McLellan
C. M. Montegriffo
D. A. Montgomery
R. C. Morgan
O. F. Negbenebor
N. W. Nicholson
D. L. Oldfield
D. L. Parry
Hazel M. Phillips
P. J. E. Wilson

PAPERS BY GUY'S MEN

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CHANGES OF ADDRESS

F. A. F. Biddle, Lieut.R.A.M.C., 3rd Royal Tank Regiment, Detmold, B.A.O.R. 15.

T. T. Billington, L.D.S.R.C.S., " Whymcar ", High Street, Bracknell, Berks. (Tel.: Bracknell 414).

D. G. Chalmers, M.B., B.S., Flat 6, 167 West End Lane, N.W.6. (Tel.: Maida Vale 2104).

L. Malcolm Davis, M.B., B.S., Keeper's Cottage, Newnham Park, Plympton, Devon. (Tel.: Plympton 3324).

G. B. Davison, M.B., B.Ch., Ridgelands, Bidborough, Kent. (Tel.: Southborough 970).

D. London, L.D.S.R.C.S., 108 Addiscombe Road, East Croydon, Surrey. (Tel.: Addiscombe 3636).

D. J. Neill, D.F.C., L.D.S.R.C.S., 16 Tufton Court, Tufton Street, S.W.1. (Tel.: Abbey 6389).

R. H. R. White, M.B., M.R.C.P., D.C.H., 586 Kensington Hill, Brislington, Bristol, 4. (Tel. 77739).

BIRTHS

BAKER.—On 22nd September, 1954, at R.A.F. Hospital, Wegberg, B.A.O.R. 34, to Margaret (née Stuart, M.R.C.S., L.R.C.P.), wife of Geoffrey A. E. Baker, M.B., B.S., a son (Michael Charles Evelyn).

HENRY.—On 4th October, 1954, at Queen Charlotte's Hospital, to Patricia (née Darmody) wife of R. Ian Henry, a son.

MAYSON.—On 24th September, 1954, to Eileen, wife of Norman Mayson, L.D.S.R.C.S., a son (Richard Torquil), a brother for Howard John.

WHITBY.—On 20th September, 1954, at home to Dorothy (née Paddy Keane, S.R.N., S.C.M.) wife of Geoffrey Whitby, a son (William Stephen), a brother for Elizabeth.

MARRIAGES

BENNETT—PYM.—On 15th September, 1954, Captain Michael John David Bennett, 1st Royal Tank Regiment, to Margaret Stella Pym, S.R.N., at St. Mary's Church, Ewell, Surrey.

DAVISON—ALLISON.—On 3rd September, 1954, at Kirkliston, West Lothian, Guy Beaumont Davison, M.B., B.Ch., to Maisie Allison, M.C.S.P.

WHITE—TAVERNER.—On 11th September, 1954, at St. Mary's Church, Harrow-on-the-Hill, Richard H. R. White, M.B., M.R.C.P., D.C.H., to Patricia A. Taverner, S.R.N.

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE
A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS
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PASSIM

The Asthenopic Goddess

THE Law Society is unhappy. Two of its principal officers have written rather stern and legal letters to the press in the last week. They have declared their displeasure with those irreverent people who have dared to suggest that all is not well with a certain medico-legal situation. This is the increasing frequency of actions for professional negligence against doctors and hospitals.

Their President has replied in *The Times** to a spirited letter by Sir Ernest Rock Carling, who, as President of the Medical Protection Society, must have an unequalled knowledge of the problem. The second letter, printed on page 445, is by their Secretary who objects to our remarks in *Passim* of September 4th. This letter deserves careful study for it demonstrates certain flaws in the edifice of legal aid, at least in so far as the medical profession is affected.

The Secretary wants to know what we meant by "a realistic approach to the problem by the legal profession". Also he points out that "The Legal Aid and Advice Act, 1949, is designed solely to enable the man of negligible or moderate means to bring his case before the courts of the country." Now this Act is fundamentally good in its objects. It cannot be denied that such an Act is as essential in these days of high legal costs as is the National Health Act for the poor man requiring physical relief. The Law Society have chosen to infer that, by "a realistic approach", we are trying to suggest that no action should be taken against negligent doctors or hospitals. Let us state now that this was not our meaning and define our attitude more precisely.

It is, unhappily, our firm belief that the attitude of the public to the doctor often falls a long way behind that of the doctor to his patients in charity, patience and tolerance. The lay public (and we include lawyers) cannot realize that there are hazards in every treatment, just as there are hazards in every disease and, we beg leave to suggest, hazards in every legal action. The duty of the doctor is to decide which is the lesser evil for the individual patient at any given time. This decision may be one of some difficulty when the patient is in his own home away from hospitals and all their diagnostic and therapeutic aids. The problems that face the doctor—especially the younger one, cannot be understood by anyone who has no experience of such conditions. Certainly not by lawyers. And yet it is by lawyers that decisions to prosecute cases of negligence are made. Finally there may not even be any true negligence, as Dr. C. Langton Hewer points out in his letter to *The Times* of 22nd October. He quotes a recent case where spinal anæsthetic substances produced an unpredictable and disastrous result. These cases are tragic for the patient and for the doctor who, contrary to apparent belief, usually possesses a feeling for his patients, which cannot be comprehended by other professions or emulated in their relations with their clients. In this situation, the legal profession inevitably constitutes firstly a protection to the public in their dealings with their medical attendants and secondly, by virtue of its profound influence upon lay thought, it becomes a veritable catalyst of public opinion. Furthermore, we contend that if the legal profession were not perhaps so ready to undertake the conduct of forensic skirmishes with doctors, the public would not be so prepared to seek their services in such matters. *This* is what we mean by "a realistic approach".

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* October 23rd, 1954.

With considerable dismay we have noted those melancholy trends which have, indeed, been discussed in *Passim* on previous occasions. Several features of the problem stand out in our minds. Of these an important one is that the ultimate sufferer in so many of these actions is the state. The taxpayer is often in the expensive position of paying three separate contributions to the case. These are:

(i) The cost of the original medical care and insurance as permitted by the National Health Act.

(ii) The cost of legal aid as permitted by the Legal Aid and Advice Act.

(iii) Lastly, the cost of any damages sought by lawyers and ordered by judges against hospitals (and hence the Ministry of Health).

All this elaborate and costly machinery is provided to aid the citizen in his battle with his disease and his doctor. It is interesting to contrast the very adequate legal devices for the punishment of those responsible for medical misfortunes to the patient, with the startling lack of such machinery for the protection of the citizen who has legal misfortunes, which, on occasion, may result in wrongful imprisonment. Are lawyers so very much less negligent than doctors or is it just that they believe in the old adage that "dog doesn't eat dog"? After all, actions for damages against the legal profession are rarities indeed.

The Law Society points out that "Every action for a civil aid certificate is considered by a Committee of *Lawyers** who have to decide whether or not there are reasonable grounds for bringing proceedings". This committee discusses, of all things, *medical* evidence. Doubtless we are prejudiced but, to us, it sounds comparable to a committee of crocodiles who meet regularly to decide which fisherman they will eat next. It is, however, more pleasant to hear from the secretary that "individual members of the committee may regret that proceedings must be taken against members of another profession". Or are these just crocodile tears?

This, then, is the position as we see it. Actions against doctors are steadily increasing in number. Public confidence is shaken by these actions. Lay worries are fomented, collectively by the publicity and individually by detailed explanation of the possible dangers of medical or surgical procedures—unfortunately now a legal necessity though, of course, remaining a moral cruelty. The national purse is depleted by the cost of actions and often by the sums awarded as damages. Who gains out of all this? In the last analysis, the lawyer.

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*Editor's italics.

We hope the letter on page 445 will have the earnest study of our readers. There is sober truth and reason in it but these are, we suspect, applied round a core of (shall we say?) smugness. We believe that the doctor is only very rarely wilfully or culpably negligent. When he is, he deserves to be prosecuted. Too often, though, his " negligence " cannot justifiably be so called. It is usually born of accidental mishandling in an emergency of a case, rapid in evolution, and sometimes obscure in ætiology. We feel that in the desiccated air of the court, the solicitor's office, and the barrister's chambers, such situations cannot be visualized and much less can they be understood.

Perhaps it is possible that the lawyers can conceive that their duty to the laity may sometimes include the discouragement of speculative and harrowing legal actions?

Since our last issue was published, an old and honoured Guy's custom has been revived. The Superintendent in his letter on page 444 gives us the welcome news of the generosity of the Governors of the Hospital who have made it possible for the Surgical "take-in" firm to sup together each night during their week of duty.

The " take-in " suppers lapsed during the war and the release of food from rationing was not enough to permit of their return. Unfortunately the price of food and the shallowness of the pockets of most students constituted an additional bar, which has now been so happily lifted by the Governors' munificence.

This meal, coming as it does late at night after operations and rounds has merits which far transcend its calorie value. The jaded are revived, the problems of the day are discussed, the ankle œdema born of long standing in theatre or ward subsides. Above all, the " firm " becomes a social unit as well as an administrative convenience. The cameraderie between registrar, housemen, dresser and clerk is made much greater by the informal sessions at the long table in the dressers' flat.

A correspondent recently deplored the tendency of the Hospital to become a degree factory. Whether or not such a tendency does exist is a debatable point. However, it will be effectively combatted by such cheerful sessions as the last week has seen. An important part of that complex emanation the " Guy's spirit " is a sense of mutual respect and friendship between teacher and student. All of us will wish to join Mr. Doherty in his thanks to the Governors for their generous and graceful gesture.

On 22nd October a meeting of the British Orthopædic Association was held at Guy's. Mr. Stamm and Mr. Batchelor, together with Messrs. Austin Brown and Briggs showed cases to about 30 visiting orthopædic surgeons. The proceedings also included a film entitled

The Lambrinudi Drop Foot operation and Mr. Stamm demonstrated his operation for radical correction of hallux valgus.

Mr. H. J. B. Atkins, whom we welcomed back to Guy's last week has just returned from the United States, where he was Visiting Professor at the University of California at Los Angeles. In the course of a month he completed a full programme which included a dozen public lectures, mainly on the subject of breast cancer, in addition to operating sessions and students' rounds. He also spent a few days in San Francisco.

Air travel makes light of distance. He tells us that his trip out was so timed that he was in Iceland and Arizona on the same calendar day. Mr. Atkins has promised us a more detailed account of his experiences which we look forward to publishing at a later date.

In this issue we publish the second instalment of Dr. Stafford-Clark's clinical lecture on the subject of schizophrenia. The clinical syndromes grouped together as the schizophrenias have been the subject of great interest ever since their recognition and description. Nowadays the position is interesting and the prospects are exciting but it is, of course, too early to say whether the whole basis of schizophrenia can be clarified by biochemical explanations. However, the description of a definite chemical lesion must surely bring the control of this widely prevalent malady nearer to our hands. It will be very interesting indeed to hear from Dr. Stafford-Clark in five years time so that he may tell us of the progress of this work and of the fulfilment or failure of these biochemical promises.

The medical course contains all too little practical experience of dealing with the infectious diseases which take up so much of the time and energy of a general practitioner. The admirable lecture-demonstrations which we have all had from Dr. Banks at Hither Green are models of clarity and are packed full of useful information. Unfortunately, patients being what they are and rashes being fugitive and ephemeral, not all students contrive to see all the common rashes during their course. It is for this reason that the opportunity of "living-in" at a fever hospital for a couple of weeks is so valuable, as during a period of attendance such as this, the whole clinical course of the common fevers can be studied with a continuity which cannot be given by demonstrations held once or twice in a week. The Medical School Office tells us that there are still some vacancies on the residential courses at the Park Hospital during 1955. We recommend early application for these courses as they are open, not only to Guy's men, but to our friends and contemporaries at that fine ancient pile overlooking the meat market at Smithfield.

The fine trees in the Park seem to have excelled themselves in luxuriant growth this year. Their foliage almost penetrates the windows of some of the medical wards in Hunt's House while such little sunlight as there has been of late has been practically shut out in the process. It looks as if more light can only be gained by the sacrifice of some of these magnificent branches.

The hole outside *Ruth* has been closed overnight. The Wild West stockade disappeared, lorry loads of pile-drivers, picks and shovels and workmen were spirited away as if they had never been. The surface is once more intact, covered with a new layer of tarmac.

We would like to refute the completely bogus suggestion that the hole was filled up precipitately because some enthusiast had found a Roman Temple nestling at the bottom.

The *Gazette* rarely contains as many pages as we should wish. The expense of production is the limiting factor, not paucity of material. In this connexion our readers will be intrigued to learn that nearly a quarter of a ton of as yet unpublished type is now lying at the printers' waiting its turn on our pages.

All Guy's men are delighted to see how well the Rugby team is shaping this year. It needs all the support it can get: not least from the touch line. Guy's for the Cup !

GUY'S DIARY

NOVEMBER			Exhibition. Department of Surgery. *Goitre.*
1st	M	1.00	Mr. G. F. Gibberd. Clinical Lecture. *The Indications for Caesarian Section.*
2nd	T	1.00	Mr. H. J. B. Atkins. Clinical Lecture. *Surgery in California.*
		5.00	X-ray Meeting. Gordon Museum.
4th	Th	1.00	Mr. F. N. Glover. Clinical Lecture.
5th	F	1.00	Dr. K. S. MacLean. Clinical Lecture. *Modern Chemotherapy in Tuberculosis.*
		2.15	Combined Round. Pre-Clinical Classroom.
6th	S		Rugby 1st XV v. Old Blues (H.O.P.).
8th	M	1.00	Mr. J. S. Batchelor. Clinical Lecture.
9th	T	1.00	Mr. N. L. Eckhoff. Clinical Lecture.
		5.00	X-ray Meeting. Gordon Museum.
10th	W	4.45	Science Club. Dr. Bernard Lennox and Dr. P. E. Polani. *Chromosomal Sexing and Some of its Applications.* Staff Common Room. (Tea 4.30 p.m.)
11th	Th	1.00	Mr. R. S. Lawrie. Clinical Lecture.
		5.00	Mr. Murray Falconer. Neurosurgical Demonstration. Clinical Theatre.
12th	F	1.00	Dr. R. T. Grant. Clinical Lecture.
		2.15	Combined Round. Pre-clinical Classroom.
13th	S	10.00	Mr. Selwyn Taylor (King's College Hospital). Departmental Round. Clinical Theatre.
			Rugby 1st XV v. Birkenhead Park (H.O.P.).
15th	M	1.00	Dr. E. H. Rink. Clinical Lecture. *The Care of Anaesthetised Patients.*

MR. GUY'S HOSPITAL

A REVIEW

Mr. Guy's Hospital 1726-1948. By H. C. CAMERON, M.D., F.R.C.P. Longmans, Green & Co. *Price* 30*s*.

Those who have read Dr. Cameron's admirable book on Lord Lister will certainly not be disappointed with *Mr. Guy's Hospital.* Only too often books dealing with the history of an institution are heavy reading and not infrequently are put aside unfinished. This will certainly never be true of Dr. Cameron's story of Guy's Hospital.

Guy's has indeed been fortunate in securing the services of Dr. Cameron as its historian. For the last half century—nearly a quarter of the life of the Hospital—Dr. Cameron has been intimately connected with Guy's, as a student, house officer, registrar and physician. Moreover, many of the older members of the Staff, including Wilks, lived to ripe old age after retirement and were personally known to Dr. Cameron, who has been an eye-witness and to a great extent has played an active part in many of the events described in his book. When he deals with those who lived in the more remote past from our Founder downwards, his pen-pictures make the dead bones live.

Mr. Guy's Hospital starts with the story of Thomas Guy's life. The picture presented is not that of a miser and speculator, who battened on the misfortunes of others, but of a hard working and enterprising philanthropist with special interests in education, the alleviation of suffering and the problems of old-age. Approximately one fifth of the book deals with Thomas Guy, the foundation of the Hospital and its history during the eighteenth century. The next hundred pages recount the advances made under the rule of Mr. Harrison, who appears to have been a complete dictator, and the remainder of the book covers the period from 1885 to almost the present day.

Research into original documents, preserved by St. Thomas's Hospital or our own have brought to light many interesting facts. Some of these are contained in footnotes, which are frequent particularly in the earlier part of the volume. For instance we learn that the Court of St. Thomas's granted a lease to their " worthy Governor and Benefactor Thomas Guy Esquire " for ground on which he was to build the Hospital " for the term of One Thousand Years at £30 per annum Tax free ".

Of particular interest not only to Guy's men but to all interested in education is the review of the development of the Medical School between 1825 and 1848 under the direction of Mr. Harrison, who as Treasurer was in supreme command. During this period Guy's was savagely attacked by Thomas Wakeley, the founder of the *Lancet*. This resulted in a successful libel action brought by Bransby Cooper against the *Lancet*, which aroused great public interest at the time. Incidentally a very detailed account of the quarrel and its sequel was written by Dr. Charles Brook some years ago.

About the same time Mr. Harrison was faced with difficult problems regarding the sale of lectureships in the Medical School. In the past the holder of an appointment of lecturer appears to have been able to sell the post to whom he wished. Mr. Harrison succeeded in putting a stop to this undesirable practice.

The physicians and surgeons of the nineteenth century seem to have had very large private practices and it was not uncommon for them to resign from the Staff at a relatively early age. For example Sir William Gull resigned at the age of fifty, Richard Bright at fifty-four. A change of attitude towards their Hospital work seems to have come over the Staff, for in the last fifty years only one resigned before reaching the retiring age of sixty, now raised to sixty-five and he did so as he wished to discontinue practice in any form.

Perhaps one of the most remarkable, if distressing, revelations in the book is the attitude of the members of the Staff in 1855. In that year in view of the desperate breakdown of medical services in the Crimean campaign the War Office wrote to the School at Guy's asking them to make recommendations from among the Staff of persons suitable to be appointed Surgeons and Assistant Surgeons to the hospitals which had been opened or were about to be opened in the Crimea and Near East. The School replied : " No Physician or Assistant Physician, Surgeon or Assistant Surgeon is not, either by the position of his family or by positive engagements previously entered into with the pupils of the school, utterly prevented from the possibility of tendering his services abroad ". This is a strange contrast to the response of members of the Guy's Staff in 1914 and 1939, to say nothing of the South African war.

Throughout this book it is clear that the Staff of the Hospital played only a very minor part in the direction of policy. This was especially so during the reign of " King " Harrison, although it is likely that his decisions may have been influenced by private contacts with individual members of the Staff, such as Astley Cooper. It is indeed astonishing to read on page 252 that Mr. Clement Lucas in 1880 had to consult the Governors regarding the removal of a tuberculous kidney. The Governors were disposed not to countenance the proposed operation but eventually it was performed, though the Treasurer, Mr. Lushington, deputed Dr. Steele, the Superintendent, to watch the operation. Fortunately for Mr. Lucas all went well and the patient survived for twenty years.

About the same time there was a very serious disagreement between the Governors and the whole Staff regarding reforms in the nursing arrangements at Guy's. Neither side seems to come very well out of the dispute, but undoubtedly had the Staff succeeded in enforcing their views, there could have been no School of Nursing as it is understood today. Dr. Cameron gives a most interesting account of the proceedings and also of the trial and conviction for manslaughter of Nurse Ingle, a lady-pupil, who was one of a group of nurses appointed by the Matron under circumstances to which the Staff took exception.

On the whole, perusal of *Mr. Guy's Hospital* suggests that the friendly and loyal relationships between members of the Staff and between Staff and Governors, which have been so striking a feature of Guy's for many years, was not so obvious in the first 150 years of the life of the Hospital. The writer of this review is profoundly thankful that he was born so late in the nineteenth century. It would be interesting to see what the next 50 years brings forth and we can only hope that somewhere there is in embryo a successor to Dr. Cameron, who will carry on the history of Guy's from the start of the National Health Service to perhaps 2,000 A.D.

Needless to say Messrs. Longmans, Green & Co., publishers who are the lineal successors of our Founder, have produced a most attractive volume. All Guy's men will find it fascinating reading, but it will also have an appeal to all laymen interested in the foundation and development of a great hospital and medical school.

J.J.C.

Thirty Years Ago

From Guy's Hospital Gazette, 25th October, 1924.

THE MOTOR SHOW AT OLYMPIA. The Motor Exhibition this year is an exceptionally good one, and we are therefore giving below, for the benefit of our readers unable to attend personally, descriptions of some of the many cars we noticed suitable to the requirements of medical men . . . FIAT MOTORS, LTD. (Stand No. 129) Standard 10/15 h.p. four-seater with hood and curtains, wings, wind-screen, etc., £340 . . . CITROEN CARS, LTD. (Stand No. 23) 11.4 h.p. English body four-seater, £250, and four-seater Saloon, £295. Complete with balloon tyres, speedometer, clock, Boyce motometer, driving mirror and automatic wind-screen wiper. ROVER CARS (Stand No. 173)—9/20 h.p. 4-cylinder overhead valve engine, long wheelbase chassis, with three-door four-seater body . . . The MORRIS-OXFORD 14/28 h.p. four-seater with front wheel brakes, is offered at £285.

" *MUSIC OF THE SPHERES* "

(*Religio Medici*)

When in the night I wake,
I thank my King
I am awake ;
To hear the Planets sing.

This Earth is hushed and still,
The sea alone
Pulsates with sound :
It dances for the Moon.

But I distinctly hear
The Others sing,
The Others draw
Their bows across the string.—W.G.O.

WHAT IS SCHIZOPHRENIA ? (II)

By D. STAFFORD-CLARK, M.D., M.R.C.P., D.P.M.

Psychopathology

In schizophrenia, normal control of mental life, which we take for granted in ourselves, is probably more completely disintegrated than in any other form of mental illness apart from profound dementia. The key which Bleuler proposed to the bewildering confusion of schizophrenic thought and behaviour, was the conception of a general loosening and failure of all the connecting links which normally bind and relate ideas to their expression, and emotions to the behaviour to which they would normally give rise. Stransky coined the term " Intra-psychic ataxia " to describe this postulated internal dissolution. It represents essentially a dissociation between thought and feeling, leading to a general insufficiency and lowering of all psychic activity. To this general concept Bleuler added, as fundamental characteristics of the illness, a weakening of the will, a blunting of feeling and a rigidity of its expression leading to apparent emotional stiffness, and ambivalence, which latter term can be defined as the co-existence in the mind of essentially contradictory feelings or ideas. All these changes from normal were believed by those who originally described them to depend upon some underlying organic damage or abnormality.

An alternative explanation advanced by the Freudian psycho-analytic school is that the basic psychopathological disturbance is an essentially functional one at the level of mental development and integration ; a withdrawal from reality which occurs because the mere experience of the stresses of outside existence threatens the personality with the activation of too much unbearable emotion, imperfectly assimilated and hitherto repressed. This is believed to occur in at least two essential stages : the first an arrest of the normal emotional development at an infantile level, the second a regression to this level later in life when the crippled personality finds itself unable to maintain equilibrium with the rest of the world. Such regression is explained as removing the patient's mental life from the same basis of participation in reality as that shared by others, so that, at the price of an admittedly terrible illness, reality is exchanged for fantasy, and all further attempts at conscious control or unconscious repression of unbearable material are effectively by-passed.

Certainly this type of analytic interpretation of symptoms can be extremely illuminating. It can explain for example the projection of emotions on to external reality or other people, which commonly occurs in schizophrenia in the form of ideas of reference or paranoid delusions ; it can explain too the projection of subjective sensations so that they take on for the patient the semblance of external physical reality and become hallucinations. In this way patients may feel tingling as electricity or rays are played upon them, may hear their own thoughts as spoken voices coming from outside, and may even see the images of their fantasy in the form of indescribable visions. But the theory, although helpful, remains essentially descriptive. Freud himself acknowledged that his concept of developmental maladaptation could neither explain the cause of this progressive withdrawal from reality, nor did it include any means of preventing, arresting, or reversing the process. Moreover there is nothing in the theory, even when completely accepted, which excludes the possibility of an underlying constitutional or organic process in a casual role.

Symptomatology

A number of classifications of symptoms have been made ; probably the simplest is that of Professor Aubrey Lewis who grouped the essential features of the illness under four main headings. These are :

1. Disorder of thinking.
2. Emotional incongruity.
3. Hallucinations.
4. Disturbed impulses or conduct.

The disorders of thinking may be many, and may so interrupt or influence the mental life of the patient as to make contact with the examiner or with friends and relatives almost impossible. These patients can become totally inaccessible to the normal processes of inquiry or conversation, not only because they themselves are no longer interested in or able to accept the words and attitudes of others who seek to communicate with them, but also because their own mental processes have become so bizarre and extraordinary as to defy completely the normal efforts of imagination, whereby we put ourselves in the other person's place when holding a conversation and interpreting the replies we receive. What is fundamental in approaching the problem *of schizophrenia is the necessity to appreciate that the schizophrenic patient lives* in a totally different world from our own, and even those aspects of objective reality which he still perceives may have quite a different significance for him from that which they have for us, and for those whose minds and feelings we understand.

One example of thought disorder which will illustrate this consists in what are called ideas of reference. These are notions which, for the patient, have the certainty of complete conviction, the virtually everything that is going on relates to his own life and feelings in some special way. The smoke from the neighbouring chimneys is a signal to his friends or his enemies ; a paragraph in a newspaper dealing with a cattle show is a subtle and deliberate attack on the reputation of his wife and children; the advertisements on the buses, the visits of the postman to other houses, the sound of traffic and the ringing of bicycle bells are all woven into the substance of some vast, incomprehensible, cosmic plan directed entirely towards his own life and problems. Small wonder that these patients display perplexity and bewilderment as they contemplate their extraordinary fate.

Another form of interference with their thinking is known as thought blocking. Their stream of thought may be suddenly cut off so that they forget completely what was in their minds and either experience a sensation of subjective blankness or receive an entirely new and apparently unrelated idea which may have the force of a revelation. This shows itself in conversation by constant interruption in the flow of talk with a resumption along totally different lines. A particular example is the occurrence of what are called primary or autocthonous delusions, which are absolutely characteristic, and therefore almost diagnostic of the condition in themselves. They represent a disturbance of function at a fundamental level in the mind. They do not necessarily alter sensory perception or intellectual appreciation, but they suddenly transmute the meaning of an ordinary experience into an extraordinary one for the patient. The effect is immediate, appears out of the blue, and is quite inexplicable. While it puzzles the patient it carries with it its own sense of conviction. The delusional idea is at once unquestionably believed and accepted by the patient. Two brief examples will bring this home.

A young man whom I recently saw at Outpatients was listening to the radio when he suddenly became aware that the entire programme was about him. This conviction was absolute and he at once waited for evidence which would convince another person ; he was already himself completely convinced. Later in the programme the song " Don't Laugh at me 'cause I'm a Fool " was broadcast. The patient smashed the set. Another patient, an intelligent young woman, wrote after her recovery this description of the beginning of her illness : " We got off the bus and entered the cinema. I don't quite know how to say this, but it seemed like a place for prostitutes. Inside were people and as they went through the doors I knew they were there to judge me and would give their verdict. At first I enjoyed the film then it became disjointed and I realised that the actors were not who they were supposed to be and that it was all to fool me in some way. We went into the cafe afterwards, and a switch like an electric light switch seemed to be moved across my mind and suddenly I was laughing and everything was fine, then I heard someone say ' She knows,' and I suddenly understood they were all there to have a look at me and I thought ' Perhaps I'll only get a light sentence.' Once more it was like being judged. Then my cousin said, ' Oh, you've woken up, have you ? ', with a double meaning it seemed, as if I had suddenly woken up to the meaning of life."

The association of normal thought may be impaired and distorted by all manner of haphazard connections, some of which resemble the rhyming and punning associations of mania, others leading to remarkable incongruities and non-sequiturs in the course of conversation ; for example a patient said " There's coffee for breakfast this morning, so I needn't wear my stockings ". Another patient, attempting to describe his feelings said " I feel that everything is sort of related to everybody else and that some people are far more susceptible to this theory of relativity than others, because of either having previous ancestors connected in some way or other with places or things, or because of believing, or by leaving a trail behind when you walk through a room you know. Some people might leave a different trail and all sorts of things go like that ". This patient believed the statement to be clear and became angry and resentful when asked to elucidate it.

The more abstruse and complicated the patient's thoughts become, the more necessary it may be for him to coin new words to symbolise a meaning for which his experience can find no parallel. Such neologisms, as they are called, are frequent in the speech and writing of schizophrenic patients, and sometimes bear a striking resemblance to the work of some modern poets.

In addition to primary or autocthonous delusions, secondary delusions commonly occur as part of the patient's understandable attempt to make some sort of sense of the ideas of reference and disturbances of thought and feeling from which he is suffering. Such delusions in fact show that the patient's powers of reasoning and judgment are preserved at least to the extent that he tries to keep order and system in the world of his experience. They may be elaborate and systematic, or as bizarre and incongruous as the words in which the patient describes them. They have in common the same tendency already exemplified by ideas of reference, to relate always to the patient, and to bring all events into some connexion bearing upon him. They tend also to bear some relationship to previous fears or knowledge and to include often elements of popular prejudices or preoccupations ; for example, activities attributed to the Jews, or the Jesuits, or the C.I.D., or the Nazis, or the Communists, may form the background to some of the more commonplace ideas of persecution. Similarly the feelings of influence may be ascribed to electricity or more recently still to radar or the atomic bomb. There are often areas of consciousness uninvaded by delusions at least for a time. Dealing with these, the patient may seem perfectly sensible and logical. The degree of conviction with which the delusions are held varies considerably, as will be seen when we mention some of the more specific types of delusional illness such as paranoia. The more ill the patient, the more disintegrated his personality, the more disordered, unrelated, and chaotic are his delusions likely to be.

Emotional incongruity is often a most striking feature. Apart from his bewilderment and perplexity already mentioned, the patient may show astonishingly little concern about the uncanny nightmarish life which he describes as his own. Ominous revelations, often delivered by hosts of hallucinatory voices constantly intruding upon his thoughts, manipulations of his body and sensations by electricity, witchcraft, or telepathy, and even the constellation of the whole universe being brought to bear upon his single and defenceless mind, may produce not despair or even violent alarm so much as querulous irritation or a certain aloof suspiciousness. He may announce some terrible disaster, such as the boiling and subsequent eating of his parents or children, with quizzical blandness, or upon learning of the actual death of some loved person may giggle and say " Serve her right, she always was careless about her shoes ". There is often a shallowness, but sometimes an alarming depth and intensity of mood, which seems unrelated to the patient's thoughts or ideas in so far as he is able to reveal them. But the outcome of suspiciousness or persecutory delusions may sometimes be impulsive murderous attacks, just as the response to some mysterious vision or message may be a state of ecstasy striking and evident, but transcending the power of the observer to share or in any way experience.

Hallucinations themselves are common although by no means essential in the clinical picture. Most frequently they take the form of voices repeating the patient's thoughts, explaining, praising, criticising, abusing, or ridiculing his actions even before he acts, thereby often distracting him so much that no outward action follows ; but visual hallucinations including quasi-mystical experiences are not particularly rare. Sensory hallucinations are probably responsible for the common delusions of electrical or radio-active stimulation, and may lead to belief that the patient is being erotically caressed by invisible admirers. Such experiences may at one and the same time form the subject of vigorous complaints and obvious satisfaction. This preoccupation with a vivid but unreal world, of course, releases the patient from the demands and limits of normal existence, and this withdrawal from reality underlies almost all the symptoms.

The ambivalence referred to by Bleuler may still further complicate the general picture and play an important part in leading to disturbed impulses or conduct. Most of us are aware that it is part of the normal human emotional response to be capable of both love and hostility towards the same person, although in normal health such feelings are rarely fully present in consciousness in equal proportions at the same time. In the schizophrenic, love and hate, trust and suspicion, joy and sorrow, terror and confidence, may co-exist or alternate so rapidly as to be indistinguishable in the patient's mind. It is not hard to see how such a chaos of mental and emotional existence can lead to impulsive action or eminently bizarre and incomprehensible behaviour.

Most of us have encountered the conventional and rather cruel descriptions of madness based upon an almost deliberate refusal to accept the poignancy of the condition in any way seriously. Such mythical patients as the man who believes himself to be a hat-stand and remains all day with raised arms desiring only that others should make use of him. or the lady who imagines herself to be a teapot and squats with one arm curved like a spout before her and the other hand upon her hip as a handle, constantly asking to be poured out, are the relics of a now mercifully diminishing stock of anecdotes about mental hospitals. There are of course no patients as conventionally mad as this, but it is among the chronic deteriorated schizophrenic group that we come most near to seeing bizarre and pathetic spectacles of this kind. For as their grip upon reality progressively weakens and the content of their minds becomes more primitive, jumbled, chaotic, and confused, they may in fact assume and maintain for years postures symbolic of some inner stress on experience, just as in the earlier and more acute stages of the illness they may seek to convey to an uncomprehending world otherwise incommunicable feelings and ideas by fantastic gestures, speech, and action.

Clinical Varieties

The clinical varieties of schizophrenia are on the whole well described under four main headings in the text-books. They are the simple type of schizophrenia, hebephrenia, catatonic schizophrenia, and paraphrenia or paranoid schizophrenia. The first two can be largely summarised by saying that they differ from each other only in severity and chronicity, and are characterised by early onset, a chronic course, and all too often an eventual dementia which may persist for many years ; these are the types which earned from Kraepelin the name of dementia praecox. The initial stages of both these forms may send the patient on a round of consultations through medical and surgical outpatients, with constant changes of general practitioner, complaining of a variety of symptoms which actually overlie a deepening conviction of profound ill health whose true basis is never recognised.

The third group, catatonic forms of schizophrenia, include the wild and bizarre postures and activities of the obvious madman, which may alternate with periods of complete stupor and withdrawal. They carry the most favourable outlook and a single attack may be over in a matter of weeks or months and never recur. The fourth group comprises all those disorders which at one time were considered separately from schizophrenia and called paranoia. They are distinguished by the prominence of delusions of persecution which may be logical and systematic and could often be accepted as reasonable were their premises to be true. Such delusions may remain fixed and apparently unalterable without subsequent deterioration or disintegration of the personality ; so that one may see a tragic doctor, with ruined practice and devastated personal and family life, who clings unshakably to the belief that the entire profession are victimising him because they know that he is suffering from syphilis, although innumerable tests have consistently failed to support this delusion. Nearly always there is an eventual insidious and progressive disorder of thought and feeling, sometimes accompanied by hallucinations, with a splitting and crumbling of existing delusions into diverse and inconsistent fragments so that the final picture is unmistakably schizophrenic.

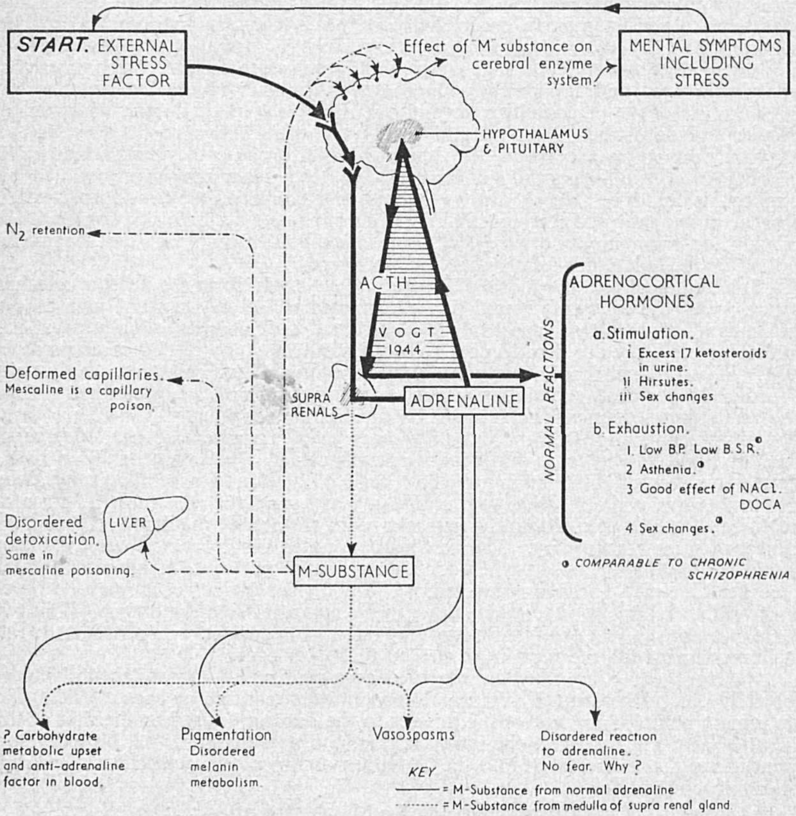
The treatment and prognosis of schizophrenia would form the basis of another lecture ; but the following round figure estimates will give you some idea of the problems inherent in this aspect of the illness, and their chances of solution at the present time. They are based upon Manfred Bleuler's study of 500 cases made in 1941. He estimated that 25 per cent. of all cases make a complete recovery, while a further 25 per cent. show very marked improvement with slight residual defect. The remaining 50 per cent. can again be divided almost equally into 25 per cent. who show some improvement but in whom there is a severe residual degree of disability, and 25 per cent. who do not recover at all. Treatment has been based upon a number of different approaches, both physical and psychological. Deep insulin therapy, while seeming to promise in many ways the most hopeful form of treatment if undertaken within the first two years of onset of the illness, remains the subject of some controversy. The best results quoted for it occur when it is begun within six months on onset, when something like 75 per cent. of all cases treated have been claimed to have recovered, while a further 18 per cent. may be much improved. Treatment undertaken along these lines after six months but within two years of onset shows a drop in the recovery rate to 20 per cent. with a rise in the rate of improvement for the remainder treated to 50 per cent.

Schizophrenia then must be regarded as a malignant form of mental illness, certainly deserving as much study and concentrated research as cancer itself. Yet we remain terribly ignorant of the answer to the question posed as the title of this lecture. There is, however, one new, exciting, and potentially far reaching development in the field of research into the causation of this illness, which I will mention briefly in conclusion.

Significance of the " M " substance and the Metabolism of Adrenalin

A year ago a paper was published in the Journal of Mental Science entitled " Schizophrenia ; a New Approach ". It was written by Humphrey Osmond, a former editor of the Guy's *Gazette*, and J. Smythies. It arose from the observation that the chemical structure of Mescaline, an alkaloid derived from the Mexican cactus called by the Indians, Peyotl, and used by them as a peculiarly powerful intoxicant, was extremely similar to that of Adrenalin. The physiological and psychological effects of Mescaline have been studied and described by psychiatrists and others for well over 50 years, and the drug itself has probably been used by the Mexican Indians for centuries. Briefly, it produces almost all the psychological symptoms seen in schizophrenia, although the overlap is neither complete nor exact. Numerous studies of the mental and physical state of subjects who have taken Mescaline have been published, but the observation of its similarity in structural form to a substance actually occurring in the human body, although staring all observers in the face, seems not to have been noticed or followed up until the work of Osmond and Smythies. They suggested that one of the aetiological agents in schizophrenia might be a substance or substances lying between Mescaline and Adrenalin, produced by an abnormal breakdown process of Adrenalin in the human body, and possessing the psychological properties of Mescaline but effective in concentrations nearer those of Adrenalin. For convenience these hypothetical substances were called, collectively, M substance. They postulated that if M substance occurred in the body, it would account for the group of illnesses usually referred to as schizophrenia better than any hypothesis so far advanced. They have spent the past year, with the help of a number of other workers in Saskatchewan, Canada, developing and testing this hypothesis. The results of their work have now been published in a second paper, with Abram Hoffer as co-author, which appeared in the Journal of Mental Science in January, 1954.

They may be summarised as follows: If such an M substance exists it would be expected to be produced and to exert its effects in the way illustrated in the following diagram.

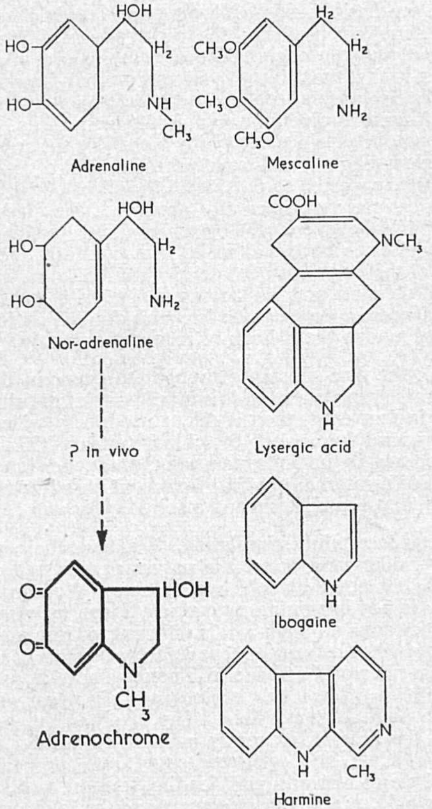

START. EXTERNAL STRESS FACTOR
Effect of "M" substance on cerebral enzyme system.
MENTAL SYMPTOMS INCLUDING STRESS
HYPOTHALAMUS & PITUITARY
N_2 retention
ACTH
VOGT 1944
ADRENOCORTICAL HORMONES
NORMAL REACTIONS
a. Stimulation.
i Excess 17 ketosteroids in urine.
ii Hirsutes.
iii Sex changes
b. Exhaustion.
1. Low B.P. Low B.S.R.●
2 Asthenia.●
3 Good effect of NACl. DOCA
4 Sex changes.●
● COMPARABLE TO CHRONIC SCHIZOPHRENIA
Deformed capillaries. Mescaline is a capillary poison.
SUPRA RENALS
ADRENALINE
LIVER
Disordered detoxication. Same in mescaline poisoning.
M-SUBSTANCE
? Carbohydrate metabolic upset and anti-adrenaline factor in blood.
Pigmentation Disordered melanin metabolism.
Vasospasms
Disordered reaction to adrenaline. No fear. Why ?
KEY
——— = M-Substance from normal adrenaline
······· = M-Substance from medulla of supra renal gland.

EXPECTED EFFECTS OF M-SUBSTANCE

Fig. 2

It will be noted that the effects in fact correspond to those actually seen in both schizophrenia and Mescaline intoxication. They could arise from the response to any kind of external stress, conveyed to consciousness through the normal sensory channels, being relayed therefrom to the adrenal medulla and producing an abnormal variant of the adrenergic response. This abnormal variant might consist in the output of the adrenal medulla being wholly or partly converted from normal Adrenalin to M substance. Meanwhile there might also be a variation of the normal secondary cycle of activation of the hypothalamus by Adrenalin, reacting upon the Adrenal cortex to produce the adreno-cortical stress phenomenon, with the elaboration of A.C.T.H. and Cortisone, and the endocrine changes to which such elaboration is known to give rise. Both this stress response and the production of M substance would combine to maintain the disturbance of brain function, autonomic function, and endocrine function, leading to the clinical picture with which we are now familiar in schizophrenia.

The following table will indicate the possibility of this hypothesis.


HOH
HO
H2
HO
NH
CH3
Adrenaline
H2
CH3O
H2
CH3O
NH2
CH3O
Mescaline
HOH
HO
H2
HO
NH2
Nor-adrenaline
? in vivo
COOH
NCH3
N
H
Lysergic acid
O=
HOH
O=
N
CH3
Adrenochrome
N
H
Ibogaine
N
N
H
CH3
Harmine

HALLUCINOGENIC AND RELATED COMPOUNDS

Fig. 3

It gives the respective formulae of Adrenalin and Noradrenalin, both of which occur normally in the body, while below is the formula of Adrenochrome, a deteriorated form of Adrenalin, which these workers have produced evidence to show may possibly occur as a breakdown product in the living body. Alongside these three are shown the formulae of Mescaline, Lysergic Acid, Harmine and Ibogaine. These are the only four compounds of known formulae capable of producing similar changes to those seen in schizophrenia. Hashish may well be a fifth, but its active principle has not yet been definitely isolated. It will be seen the Adrenochrome is related chemically to every hallucinogenic substance whose chemical composition has been determined.

Hoffer, Osmond and Smythies further put forward the suggestion that the hallucinogenic properties of Mescaline are due to the fusion of its side-chain, the amino group linking with the main carbon ring to form an indole compound, postulating that the indole ring which all these compounds would then have in common is the active principle giving them hallucinogenic properties. In Adrenochrome they have therefore found a compound having an indole nucleus in common with the hallucinogens, which is readily derived from Adrenalin, may occur in the body, and which can be fitted into a logical scheme related to stress. Under stress the quantity of Adrenalin in the body will increase and this might be turned into Adrenochrome in the schizophrenic patient.

They have since synthesised Adrenochrome and administered it to themselves and to other volunteers. It produces the most powerful pseudo-schizophrenic syndrome yet described, and approaches far nearer to the level of an actual psychosis than any of the others, in that the subjective state of an individual under the influence of Adrenochrome is one in which insight into his own mental changes is completely lost. In this respect Adrenochrome differs markedly from all its predecessors among the hallucinogenic compounds, since even with Mescaline the subject remains aware that his bizarre thoughts, feelings, and experiences are part of the reaction to a drug he has taken, and can be expected to pass when the effect of the drug wears off. In Adrenochrome intoxication, experimentally produced, the subjective condition is far more like that apparently experienced by schizophrenic patients, so much so that the experimenters themselves have had to be protected and looked after by their companions because of their obvious bewilderment and distress, have passed through completely paranoid deluded and hallucinated episodes, and have subsequently described their experiences in terms which leave no doubt that for a time they have felt not only mad, but mad without hope of recovery or return.

Adrenochrome is the first substance thought to occur in the body which has been shown to have these properties. If it is indeed one of the elusive M substances, assuming that these in fact exist, then it might produce a wide variety of clinical pictures within the general framework of schizophrenia. This then would be the greatest single step forward in the understanding of this condition which has yet been taken. It could lead to a rational physical treatment based upon exact knowledge, and not, as at present, upon empiricism and inspired guess work.

These possibilities are certainly stimulating. Whatever their outcome they should at least enable us to understand better the nature of the suffering which schizophrenia involves. As Osmond himself has written " We can recognise that the schizophrenic person is not imagining or making things up when he says that the world has changed and looks different ; it is different for him and that is all there is to it. We must accept what he says as true and try only to persuade him that the remarkable changes in his world are due to illness. Those of us who are fortunate enough to be well, should make it our business to help when we can or at least to harm the sick person as little as possible. The madman, in the face of the overwhelming assault of the illness, frequently behaves childishly, and in so doing is subjected to hatred, ridicule, and often contempt from his healthy fellows. This provokes a vicious circle of fear and guilt leading to more hallucinations and delusions. In his dark world, the greatest comfort and help will come from doctors, nurses, and friends, who, although recognising that the patient's fears are real for him, nevertheless remain undismayed by them or by anything he may do or say. This calls for understanding and courage for which there is no counterfeit . . . "

That I think admirably defines the schizophrenic predicament, the patient's human claim upon us, and our undoubted duty towards him.

CONCLUDED

(The first part of this clinical lecture appeared in our issue of 16th October.)

JOB ANALYSIS AND THE NURSE

By A NURSE, S.R.N., S.C.M.

AN article, " The Patient in the Ward today " in the *Nursing Times* dated August 21, 1954, brings to our notice some excellent points which might interest the readers of the Guy's *Gazette* and may bring forth ideas and discussions from the many Guy's men and women who have left their parent hospital. These would be welcomed.

This year we have been celebrating the centenary of Florence Nightingale. She was the embodiment of a true nurse for she was filled with a burning zeal to nurse the sick. Resisting prejudice, ignorance, and open hostility, she achieved the wonderful results which have won the admiration and gratitude of the whole world. Her example could well stir the consciences of many of us. Our lack of interest and active help in the affairs of Nursing is reprehensible. We live insular lives bound by loyalties, metaphorically shrugging our shoulders. " It is no business of ours—why worry—we must not interfere." Had Florence Nightingale taken this attitude there would have been a very different story to tell of her life and work. On the whole we are, in nursing matters, the most apathetic and—can I say long-suffering?—profession of modern times.

More interest and support by membership is given to the Royal College of Nursing by the provinces than by the larger London hospitals. This is distressing and, taking a broad view, dangerous, for should the College fail by weakness to support the nurses' interests and progress the unthinking could so easily form a belligerent attitude which would be abhorrent to us all and a tragedy of the greatest magnitude.

The restlessness and dissatisfaction of our age has entered the nursing profession and hospital authorities would do well to anticipate and consider the problems of the nurse from every angle, for unlike Florence Nightingale's era, every profession is now open to women and the supply of nurses does not exceed the demand. " Too few Nurses. Over a hundred beds in the Greenwich and Dartford Group of Hospitals are out of use because of the shortage of nurses." This is but one cutting taken from a recent newspaper. All over the country the same tale is told—less, of course, in the London teaching hospitals whose supply rarely fails, but, nevertheless, a very real problem elsewhere. We must consider if we are failing in some way.

Nurses should sally forth from their parent hospital filled with enthusiasm and zeal. Are we sending them out disillusioned and frustrated, feeling that they never want to enter a hospital again? After they have completed their training do we give them freedom of choice in the branch of Nursing they wish to follow? We expect them to sublimate their personal plans to those of the hospital. In a large community it is essential for efficiency to have an *esprit de corps* and not a feeling of resentment and dissatisfaction.

It is not the " cheese-on-the mousetrap " attraction of palatial Nurses' Homes and more off-duty which will keep girls nursing in hospitals but *happiness* in their *work* which counts above all else.

The teaching hospitals send out the cream of trained nurses to teach and work. From this nucleus should come the expansion of Nurse Training. Today the teaching hospitals themselves have become too large and more impersonal, with an ever increasing specialisation. The nurses, overwhelmed by special subjects, changing their work too frequently to grasp even the bare essentials, are rushed hither and thither, their practical work not properly learnt or understood. Thus, feeling insecure, they fail to learn the basic principles of nursing. They are Jack of all trades and master of none and, if the truth must be told, often actively disliking their work because of the confusion of not being able to carry out practically what they have been taught in theory.

The sister tutors are able and teach well, their hold and influence upon the affairs of nursing is very strong. Not any less important are the ward sisters in their practical bedside teaching, but their time and loyalties are more divided. The more off-duty the nurses have the less time there is to nurse, the bigger and more complicated the operations and treatments become the more attention and time must the ward sister pay to it, the more doctors there are in the ward, the more time must the sister spend with them.

It is vitally important to keep a large proportion of highly experienced and senior sisters teaching in the wards yet it would appear that the be-all and end-all of a nurse's training is take up administration in some form or another—the highest paid posts in the nursing world if one must look at it in this mercenary way—while nursing the sick, the highest vocation of all, has apparently the least status and the least pay.

The frequent changing of nurses

In a large ward of 43 beds a ward sister had 82 different nurses in five months. One's imagination runs away with this fantastic waste of time, and how utterly impossible it is for the ward sister to delegate responsibility to nurses who are not conversant with their work, and who also, in this way, fail to learn how to take responsibility.

Much has been said up and down the country about the continuous changing of nurses, caused mainly, they say, by the block system of study and helplessly suggesting that nothing can be done about it. One cannot agree that anything so bad should be accepted. There must be some way of co-ordinating the block system and the movement of nurses from the matron's office. As example: *1st year* (*in months*)—P.T.S. (Prelim. Training School) 3/12——Ward 1/12——Ward 2/12——Night Duty 3/12——Block——Examination——Holiday——Back to the wards. The student nurse finishes three months in a ward, enters the block, takes her examination, goes on holiday and returns to the wards. It would appear fairly simple to arrange the examinations accordingly and if this scheme could be widespread, the State examiners could extend their co-operation too.

For head nurses the old system of three months day duty, three months night duty in the same ward could fit in with the final State examination at the end of the nurse's third year.

Several people have contributed the following :—

" In hospitals the medical students and the nurses are taught all the details of their craft and as they draw to the end of their training they are taught how to use their judgement."

" We train nurses to be able to observe, and having observed, to judge, and having judged, to take action ; how to prevent infection ; to be able to impart knowledge ; to assist the doctor in the treatment of the patient."

" The first essential is the patient's desire to be nursed by *one* nurse or, since that is impractical, *as few nurses as possible* to look after him. Case assignment, in other words, should be a primary aim in nurse training. From the patient's point of view it is impossible to have trust, dependence and affection for his nurse under the system of allocating duties to certain nurses instead of the whole care of three or four patients to a particular nurse.

It is impossible, while one nurse takes your temperature, another gives you a bed pan, yet another takes you off it, yet another gives you an injection, to feel that any of them has an interest in you as a whole or cares about the progress of your illness as her *personal responsibility*. Every patient should be made to feel he is the personal responsibility of someone. It is estimated that 75% of practical nursing is done by the student nurse and it cannot be over emphasised that the student nurse should develop this responsibility at an early stage in her training and an attitude of self assurance to give the patient a sense of confidence and security in his nurse."

" Though longer periods in each ward might call for the ward sister to increase her clinical teaching, it might be one way in which the nurse could regain her perception and sensitivity to the total aspect of nursing as opposed to a purely technical one."

It is not in the interests of the patient nor a satisfactory way of teaching to have part-time workers, orderlies attending to the patient, schoolgirls giving a helping hand and the like. There is no continuity in the care of the patient, or up-grading of the nurse's work according to the strata of her seniority and therefore her responsibilities. It is not in accordance with having as few nurses as possible to look after any one patient.

Not for a moment are girls less keen to nurse but they are frustrated by unworkable and time wasting structure, furniture, and equipment, badly organised administration: having to fill the breach when other services fail, trying to do the impossible in the time allocated to it, and taking impossible responsibilities for adolescent girls working at the pressure of a sinking ship or a house on fire.

Some time-saving suggestions

(1) No ward should have more than twenty beds under one sister. In this way the sister could give more individual attention to her patients and the nurses. While from every source it is advocated that case assignment is ideal and that each nurse should have three or four patients to look after, the idea breaks down when (through too many patients per ward, the eight-hour working day for the nurse, interrupted by off-duty time and meals) each nurse has to undertake to look after nine or ten sick people instead of the suggested three or four. It is small wonder that theory and practice are not co-ordinated in the nurse's mind—she cannot do the impossible. How can two or three nurses be used for certain nursing procedures when there are only one or two nurses left in the ward?

2. Hospitals should be built or adapted to modern labour saving requirements to save time and expedite efficiency. Cupboards should be placed near the working centre of the ward and at the right level to look in and containing lights so that the cupboard contents can be clearly seen.

3. For each patient hot and cold water taps, basin (possibly on an expanding arm, to be brought out to patient's level) and waste pipe (malleable into the main drain pipe) so that washing water need not be carried to and from the patient by the nurse, and facilities for hand washing after the toilet round can be given to each patient.

4. Adjustable beds of the latest design so that the lifting of patients by the nurses can be reduced to the minimum.

5. Bed pan trolleys.

6. Adequate and separate refrigerators for food and medical commodities.

7. Formica type plastic on all shelves and cupboards to make cleaning quick and easy.

8. Job analysis should be continuous to see ways upon which time can be saved and the needs dealt with immediately by the hospital authorities.

These are but a few suggestions—we would like more.

A physicist once said, when discussing world economics : " If there is a coal shortage, do not urge the miners to dig more and more coal but build grates to burn less."

Hospital authorities say it is cheaper to get more nurses than it is to spend money on altering the structure and plumbing of a hospital, or buying new cupboards and equipment. But what if the nurses are not forthcoming?

Why are we not still using scythes and haywaines for farm work and quill pens instead of typewriters ? It is because it is not good economics. Efficient equipment must take the place of labour.

There are patients waiting, perhaps dying for lack of a hospital bed. Hospital beds are not available for lack of nurses. Let us think seriously about this. It is not a utopia to be dreamed of but a pressing matter to be dealt with forthwith.

The total aspect of Nursing

Can I quote from an address by Miss MacManus, Matron at Guy's Hospital, broadcast in 1945:—

" . . . It seemed to me that those Angels were just nursing Our Lord—for the words *nursing* and *ministering* mean ' cherishing,' ' nourishing,' ' tending,' ' bringing succour '—and to the mind as well as the body. Now, all these things are the things that we do in Hospital.

" Nurses don't like being called Ministering Angels, and doctors feel much the same about it. They are only doing their daily work.

" . . . Most people think you are a ' born ' nurse or a ' born ' doctor. That isn't true—you have to *made* by long, careful training, but if you are not born with a warm heart and the power of getting inside other people's skins and seeing things with their eyes, you will never be the best kind of nurse or doctor—no matter how well you are taught.

" . . . and then they come into Hospital, most of them broken in body—sometimes broken in mind and there, if these hurt people are to get their due, they must find, not only the highest medical, surgical, and nursing skill, but they must find something else—the spirit of loving service in the art of healing: it is an intangible quality but without it the whole Medical Service in any country falls to the ground, a lame, halt thing. I use ' loving service ' deliberately, for that is what it is, though most of its exponents would be shy of their work being so described. Two and a half centuries ago Thomas Guy, our founder, was planning the Coat of Arms for his Hospital, and he chose for his motto, the Latin words *Dare quam accipere*—' It is, better to give than to receive.' People said of Thomas Guy that he was a miser. If living frugally, withholding luxuries from oneself, and then, at death, expanding all one's wealth for the sick and needy—if this be miserly—then let there be *more* misers ! "

" The surgeon may say, 'This is an interesting case of smashed shoulder,' but he also thinks, 'This is John Smith and if I can't get his shoulder right for him, he and his wife will have a hard struggle to make a living in the future.'

" In all fields of activity, doctors and nurses, male and female, carry out their work because they feel the urge to improve the lot of others, because the patients are sufferers, young and old, strong or weak, rich or poor—and they need help, and each one is a person—an individual problem—with his or her personal feelings.

" *People matter* ! It is so true—people *do* matter and we must not think that people matter more because they have more money in their pockets. We talk of Private Nursing: really there is no such thing. There may be private conditions—an extra dish at meals, a different kind of room, but the nursing care for the patient's bodily and mental needs should be the same whatever the size of his purse. Quiet, space, food, and medicine ; all one quality for everyone.

" 'Here you are just a crowd.' You might hear that said by a dissatisfied patient if the staff were overworked or if the wrong people were doing the wrong type of work—but the *best* doctor and the *best* nurse never look at their patients as a crowd; they give to each that individual attention and personal touch that make doctoring and nursing two of the most exhausting as well as two of the most satisfying professions in the world—and make hospitals sanctuaries for body and spirit in the truest sense of the word.

" Think back through all the ages and see the stream of sick coming to the Hostels-of-God, the Lazar Houses, or to the homes of charitable folk who took them in; think of the holy men and friars, and later the leechers and apothecaries who tried to heal them; think of the early searchers after truth, like Hippocrates and Galen; and later searchers, like Harvey who discovered the circulation of the blood; Laennec, inventor of the stethoscope; Pasteur, Lister, Koch, Curie. Their names are legion. Why did they spend their lives and wear themselve out to understand the illnesses of the body and mind, and interpret Nature's messages to us? Not for money, not for pride of place; but because they were filled with a burning zeal to help their fellow creatures; they had adopted unconsciously the Black Prince's motto of seven centuries ago: *Ich Dien*—'I Serve.' "

CORRESPONDENCE

Letters to the Editor of the Gazette

A Memorial

From Sir John Conybeare

SIR,—A fund is being raised by the Marquess of Exeter as a memorial to the late Robert Saunders de Bruyn, D.F.C., F.R.C.S., who qualified at Guy's in 1927 and for many years was surgeon to Stamford Infirmary. It is hoped to endow a scholarship tenable at Guy's for students from Stamford Endowed Schools. Subscriptions may be sent to Barclay's Bank, Stamford, Lincs. for the de Bruyn Memorial Fund.

Yours etc.,

J. J. CONYBEARE.

Keats' House,
Guy's Hospital.

" Take-in " Suppers

From the Superintendent

SIR,—Some of your readers will be interested to hear of the revival of a pre-war custom. Prior to the war, it was customary for a cooked supper to be provided in the Dressers' Room by the Take-in Surgical Firm during their take-in week. The Take-in Dressers paid for the food out of their own pockets and the Take-in Ward Clerks bought the food and cooked it.

The custom lapsed during the war and, owing to food rationing and financial stringency, has not been revived. The Governors of the Hospital have now agreed *to make a grant of £10 a week from the Endowment Funds to the Take-in Surgical* Firm for the week, in order that this amenity may be reintroduced.

We would like to convey our most sincere thanks to the Governors, for this generous action.

Yours etc.,

W. D. DOHERTY,
Superintendent.

Actions for Negligence

From the Secretary of the Law Society

SIR,—My attention has been directed to the last paragraph of the article headed " Passim " on page 342 of your issue of the 4th September, 1954. You set out the figures paid out by the Ministry of Health in respect of damages for hospital negligence over the five years ending with the year 1953, and you state that it is only a " realistic approach by the legal profession " which may result in doctors and nurses not having to work with one eye on the possibilities of actions for damages if anything goes wrong.

Where damages are paid out, it is because negligence has been proved. The suggestion has been made in other quarters that actions against doctors have increased because of the Legal Aid and Advice Act, 1949. That Act is designed solely to enable the man of negligible or moderate means to bring his case before the courts of the country. Is the realistic approach suggested in your article meant to infer that actions should not be taken against doctors or hospitals who are negligent? If that is not the suggestion, what is it?

Every application for a civil aid certificate is considered by a Committee of lawyers, who have to decide whether or not there are reasonable grounds for bringing proceedings. The proposed plaintiffs are required to submit evidence in support of their contention that there has been negligence and the evidence which they so produce in the case of proposed proceedings against doctors or hospitals must of necessity be itself medical evidence. The Committee, therefore, if they are satisfied on such medical evidence, must issue a certificate and the very fact that the damages are subsequently paid shows that they were correct in their judgment in this connection. The individual members of the Committee may regret that proceedings must be taken against members of another profession, but they, like the members of the legal profession who are acting in these proceedings, have a duty to the public and that duty is, on the one hand, to give a member of the public his right to have his case tried by the court, and, in the case of the practising lawyer, advise his client what are his remedies under the law, if any, and if instructed to proceed in a proper case to put that case as best he can before the court on the client's behalf.

Yours etc.,

T. G. LUND.

Law Society's Hall,
Chancery Lane, W.C.2.

Medical Mispronunciation

From Mr. T. B. Layton

SIR,—Having a grandson who is always reproving me when I speak of " Scotch " or " Scotchman " I am glad to have the support of Dr. Vertue in my ways. But I doubt whether it is " simply " dialect. I think euphony comes in as well.

There is for instance a Scotch poet called Burns, who is not very pleasing to the Cockney ear, unless you have him read aloud to you by a Scotsman from his own part of the country, as *Tam o' Shanter* was to me by Professor T. B. Johnson when he first came to us—a vivid memory of 30 years ago. I take down Burns' first volume (Aldine Edit.) and find the second poem in it is called " Scotch Drink "; and in case it might be thought that this was a title wrongly inserted by an English editor he has added a note in which is included an extract from a letter in which Burns himself says " I here enclose you my ' Scotch Drink ' " and in the last line of the first verse of the poem itself we read : " I sing the juice Scotch bear can mak us " and in the first line of the second : " guid auld Scotch Drink ".

In my childhood I was choked off the "Waverley Novels" by two maiden aunts who rammed them indirectly down my throat. I remember staying with them, at Eastbourne one holidays and rambling about the house in that off time in winter, between tea and dinner, and one of them asking me why I was so restless and did not sit down and read a book, and I said " I haven't got one to read ". With crushing solemnity she replied, "My boy! we have Scott in the house". In my old age I am realising what good stuff he is, and have read five of his works in the last year. And so I take down " Rob Roy " as being the next one on my list and, with a later schoolboy memory, turn to the very long introduction as being the best part of the book, and there I find (Centenary Edition) the Scottish Parliament referred to; but ten pages later is a footnote quoting a " Collection of Original Poems, by Scotch Gentlemen " and on page 49 he contrasts a Scotchman with an Englishman.

And now for some lesser luminaries. In "Kate Carnegie and Those Ministers" by the time that young lady has dealt with the first two, Ian MacLaren has told us of " a freeborn Scot ", " a sight of the Scottish Rhine " and the " Scots Guards "—of the French Army—but he also has " A Scotch minister ". The only volume on my shelves by S. R. Crockett is " The Banner of Blue ", and looking through it I find only " Scots legal humour " and " Scottish discourses " so he, at least, is among the true elect.

But there is one Scotch writer whom my Scottish friends think I do not put high enough. But he *can* write, and what he writes is English—take for instance "The Ebb-Tide" in which, I believe Lloyd Osbourne provides the plot and Stevenson the English. But for our present purpose let us use his book on Edinburgh—and isn't it good?—once you have been there. In the Old Town are "some shrewd Scotch workmen "; but The Parliament Close had been " the scene of marking incidents in Scottish history " and the " Scottish Bar " is twice referred to ; but in the same sacred spot he tells us that " The broadest of broad Scotch is now banished from the bench". In the "Legend of the City" he speaks of "the Scottish fear of scandal " and the " Scottish nation ". In telling us of Greyfriars he claims that, with the exception of one French artist "we Scots stand, to my fancy, highest among nations in the matter of grimly illustrating death "; and the Winter and New Year begins with a comment on the "Scots dialect" and again "the Scots have to decide many nice cases of conscience". Finally in the "Pentland Hills" he tells of "Borough muirhead, where the Scottish army encamped before Flodden". Seven to two; but the two are there.

Stevenson was very fond of the Saxon alliteration in the English tongue—and the Scots are not all Celts—and which he uses for Scottish things is I think a bit of euphony.

So let us try to write English as we hear it spoken to ourselves and have no rigid rules either from grandchildren or classicists.

Yours etc.,

T. B. LAYTON.

The Rugby Cup

SIR,—I was interested to see P.H.K.'s note in a recent *Gazette* reminding us that it's high time Guy's won the Inter-Hospitals' Rugby Cup again.

In reply I would like to quote from a South Wales newspaper's account of the 1st XV game v. Aberavon :—

" . . . . Guy's, without any shadow of doubt, have returned to their best and must start hot favourites for the Hospitals' Cup. Other than Cardiff, they are the best side the Wizards have faced this season."

To be compared with Cardiff is honour indeed and I, for one, share the writer's optimism of our chances in the cup competition this year.

Yours etc.,

G. D. THOMAS.

Record Times in Athletics

SIR,—Following the recent enthralling performances of Bannister and Chataway, an article appeared in one of the Daily Newspapers in which Sir Adolphe Abrahams was quoted as stating the belief that it was some, at present, unknown factor in the blood which enables an athlete to perform these feats of stamina and that in the case of sprinters some factor in muscle tone produces the extra speed.

Sir Adolphe Abrahams' experience in the study of athletes is second to none, but it is unfortunate that the possible existence of these factors should have been made to appear the complete scientific explanation of what must obviously be a complex combination of factors.

Athletics, surely, is a sport, the art of which consists in finding some individual method of achieving a superlative state of physical and mental fitness. In distance running judgment of the runner's own capacity and that of his opponents is probably as important a factor as any. Beyond that, no one watching the duels between Bannister and Landy, Chataway and Kuts could doubt that courage and will power of a high degree are required to make the challenge or respond to it when the body is fatigued or near exhaustion.

How to account for the improved performances of today is another matter. Training methods and experience offer a possible explanation, for it is difficult to believe that modern athletes have any greater potential ability than in the past.

At Guy's there have been many outstanding athletes, among the best of their day. Space permits mention of only one, H. A. Munro, who took a keen interest until recently in the athletic clubs at Guy's ; was the British Champion at 4 miles. In the minutes of the United Hospitals Hare and Hounds Club there was a faded cutting from a daily newspaper of about 1895, in which a lengthy and very literary report, in the manner of the time, was given of a cross country race won by Munro at Oxford, in which he so outdistanced everyone that as the reporter puts it "although lost to sight he was to memory dear ". His records have long been surpassed and still the limit of record breaking has not been reached.

Yours etc.,

D. J. LYON.

The Mill House,
Upper Broughton, Leics.

Firm Dinners

SIR,—May I anticipate the flood of male opinion on the degeneration of the Firm Dinner with a statement of the other point of view? On several occasions I have been in the possibly enviable position of being the only woman on a firm. At the end of the first appointment, anticipating the sort of function Mr. Collis remembers, I absented myself from the firm party, only to find afterwards that several of my own sex had been present and had apparently formed an integral part of the evening's entertainment.

On the second occasion, the party was held at my residence, where my privileged position allowed me to prepare the refreshments for a hungry firm, fresh from the afternoon's operating list—a proceeding which, I confess, I enjoyed quite as much as attending the list myself. This party gave such satisfaction that we have had two subsequent dinners on the same lines, and one of the guests, himself quite a connoisseur of the firm dinner, was heard favourably to compare this function with " the usual rather dreary dinner at the George ".

With Mr. Collis, I mourn the passing of the old type of firm party, but I think he should realise that something of the same spirit persists. Perhaps the Vicar has introduced a tot of rum into the teapot.

Yours etc.,

ELEANOR BRAY.

SIR,—Following the publication of the letter " Firm Dinners " in the last issue of the Hospital *Gazette*, we should like to reply from our own experience during 2½ years on the wards.

Firm dinners have not been abandoned and we have not noticed any marked restraint on the part of male students attending them with us. We have never gained the impression that our presence is unwanted—on the contrary we have been asked to help in their organisation and our financial support is anxiously sought !

Added to this, the women at Guy's have sufficient tact to retire early, thus giving the men freedom to carry on with the party as they please.

Yours etc.,

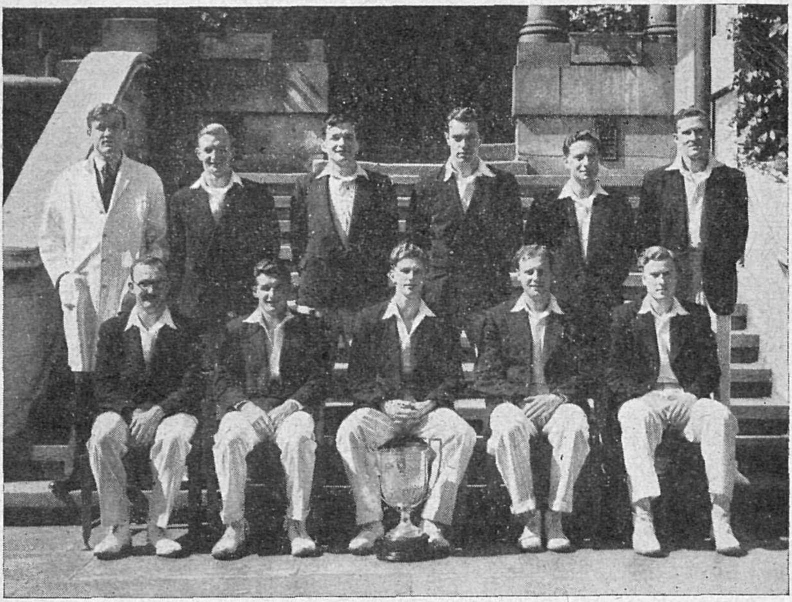
MARGARET BROUGHTON.

VERNA FIRTH.

SPORT

GUY'S HOSPITAL CRICKET CLUB

Winners of the Inter-Hospitals' Cricket Cup, 1954



D. A. Montgomery W. R. Knapman A. L. Gunn M. A. C. Lyon M. J. Williams
J. F. H. Young
D. W. Atkinson M. F. H. Willis N. R. Cooke M. B. R. Mackenzie E. R. Gibbons
(Captain)
W. J. Howells, D. E. Tunnadine were unable to attend this group.

RUGBY FOOTBALL

Guy's v. Aberavon

Saturday, 9th October

Lost 8—15

Played under ideal conditions and before a large appreciative crowd, this game proved to be one of the best played between the two clubs for some time.

Aberavon included Welsh international Alun Thomas at centre, and his generalship of the team's threequarters played a large part in their eventual victory. The first half was a story of Aberavon attack and Guy's defence; the solidity of the latter generally matching the variety and brilliance of the former. Such pressure could not be denied, however, and eventually from a loose scrum an Aberavon passing movement in which full back Richards joined found the Guy's defence outflanked, for Evans to score wide out.

This should have been the only score in the first half, but unfortunately the Guy's team failed once more to curb their regrettable tendency to concede penalties in their own half. The result was that full back Ross Richards was presented with two comparatively easy kicks, both of which he goaled giving Aberavon a half time lead of 9-0.

After the resumption it was apparent that Guy's were resolved to wipe out the points deficit. Both forwards and backs were playing with a new zeal and enthusiasm. From a quick heel from the loose in his own 25, Knight sent out a pass to Hackett who burst through in a thrilling 40 yard run and kicked ahead. Thomas gathered the ball to score under the posts. Carroll added the goal points.

A few minutes later Guy's scored again. This time Hackett passed inside to Cooke, who in turn passed to Hawley, for the latter to dive over for a try near the corner. The kick failed.

Guy's were now well on top and if a magnificent effort by Evans on the right wing had been allowed, they must surely have gone on to win. Evans ran fully 50 yards and was underneath the posts before the players' attention was drawn to the referee, indicating a scrum for a forward pass on the halfway line.

Aberavon gratefully accepted this reprieve and proceeded once more to play some of the storming football which they had produced earlier on. Alun Thomas combined neatly with Jenkins, and with a deceptive change of pace shot through to score in the corner. The kick failed. Shortly afterwards a kick ahead by the Aberavon outside half bounced obligingly into the hands of right wing Collins who sprinted over unopposed. The game ended with Guy's throwing everything into some desperate attacking efforts.

Finally, one retrospective comment—I wonder if the performances of the Guy's team would be always as spirited and zealous as on this occasion if they played before such a large and appreciative crowd every week? I am sure that even the most ardent supporter of the team will agree that such adjectives can but rarely be applied to the crowd present at H.O.P.

Guy's v. Bedford

Lost 0—6.

Although beaten by a penalty goal and a try to nil the Hospital accomplished quite a good performance in restricting the score to so narrow a margin.

Guy's pack was strengthened by the return of J. Van den Berg following his absence through injury and J. W. Kirkbride made a welcome appearance in the 1st XV for the first time this season. The Bedford forwards, however, were considerably heavier and taller and this undoubtedly was the controlling force that gave the Bedford backs innumerable opportunities for attack.

The early morning rain had produced a slippery top surface but surprisingly the greasy ball was handled accurately by both sides for most of the game. Naturally, there were occasions when a player would slip and stumble when on the turn and in this respect Guy's mostly suffered, particularly in defence.

The Hospital kicked off in a drizzle and the forwards carried play to the opposing '25 but their progress was soon halted and Guy's forwards were compelled to tackle tenaciously to prevent several brilliant Bedford three-quarter movements developing into a score. From a five yards scrum on Guy's line the Hospital were penalised and M. Mynott, the former St. Thomas's player, kicked the goal.

Bedford were again on the attack from the kick-off and after 20 minutes play Guy's were surprised when Bedford reversed the attack from left to right and the subsequent quick passing enabled R. Sandstrom to use his exceptional speed to dive over in the corner for an unconverted try. Guy's could only make spasmodic breaks away which carried them very little distance, but a golden opportunity presented itself when G. W. Hackett burst clean through single-handed only to be tackled before support could reach him.

The second half was a replica of the first with Guy's defending stubbornly. The forwards were magnificent in their fast covering and time after time the Bedford attack was held inches from the line by tenacious tackling. On one occasion J. W. Kirkbride literally carried the whole Bedford pack at least ten yards to get the ball out of danger. Also praiseworthy were the gallant efforts of J. D. Carroll who successfully extricated himself from many a menacing tackle when called upon to stem the tide.

About ten minutes from the end Guy's broke away and R. C. Morgan led a fine forward rush which inspired the whole team. The ball came out continuously to the Guy's backs, thanks to some excellent hooking and hard shoving, and there followed some fine attacking movements in which R. K. Knight, G. W. Hackett, R. T. Hawley and G. D. Thomas were prominent but these were frustrated only by sound and decisive tackling by the opposition.

It was now Bedford's turn to skid on the slippery turf and they had to bring their best defensive qualities into play as the tide turned in Guy's favour.

Guy's were attacking when the final whistle blew and had proved themselves very fit by the way they lasted this gruelling game and to fight back at the finish.

Guy's v. Plymouth Albion

Saturday, 23rd October, at H.O.P.

Won 8—3

In a rather scrappy encounter Guy's again showed their inability to settle down to their best form until late in the game.

In the first half the Guy's backs did not take full advantage of the chances offered them by Labuschagne's excellent hooking. Apart from sporadic bursts by Hawley and Hackett they did not look like the scoring machine which they have proved themselves to be in earlier matches. Although hampered by some inept throwing in by the wings, the forwards managed to hold their own in the line outs, in which department Cooke and Morgan were outstanding. Plymouth went near to scoring when they changed the direction of their attack from left to right, but when a score was imminent R. Ellis knocked on. Thus half time came with no score.

Soon after the restart a penalty was awarded against Guy's for offside and Luffman kicked a good goal. This gave Plymouth a 3 points lead, but it was short lived, for soon afterwards Guy's produced the best score of the game. From a scrum in midfield the ball was worked across to Hawley who produced a great burst of speed to carry him past several opponents before finally touching down near the posts. Carroll converted. Guy's were now well on top and sustained threequarter attacks were only baulked by excellent tackling by the Plymouth men.

In the closing stages Guy's improved their lead when Van den Berg crossed in the corner after a snap throw in by Glendinning near the line. The kick, from a wide angle, failed. Thus, Guy's emerged victors by five points from a game which one felt could have been won by a much greater margin.

Team : J. D. Carroll, G. D. Thomas, R. T. Hawley, M. Lindsey, C. E. Evans, G. W. Hackett, R. K. Knight, J. W. Kirkbride, N. A. Labuschagne, J. S. Van den Berg, R. C. Morgan, A. L. Gunn, D. Lillicrap, S. A. R. Cooke, N. W. Glendinning.

HOCKEY

16th October, 1954

Guy's 1st XI v. Romford 1st XI, H.O.P.
Lost 1-3.

Guy's 2nd XI v. Romford 2nd XI, Away.
Won 2-1

Guy's 3rd XI v. Romford 3rd XI, H.O.P.
Draw 0-0

23rd October, 1954

Guy's v. Oxted. Away.
Won 3-2

Guy's went on to the field with only ten players owing to the punctuality of British Railways. The game was played on a poor pitch, which was very wet and bumpy. The standard of play was not good throughout, although Guy's adapted themselves to the conditions better than their opponents.

Miller opened the scoring for the Hospital after ten minutes play. Soon afterwards the Oxted forwards broke through to equalise.

Soon after our team was completed, Miller again scored after another individual effort. Thus at half-time we were leading 2-1 and there were few signs of really good hockey.

In the second half Guy's slowly got the better of the game, but Oxted managed to equalise with a goal which no sane person could have been expected to stop, as it glanced in off the post at head height. However, Miller soon retaliated and scored another good goal.

Our forwards were now playing better than anyone else on the field, and it seemed certain that, under better conditions, Guy's would have won by a large margin.

In the defence Clarke had a good game in goal while Mackenzie and Laney were sound on the right side of the field. Eggington was a reliable and industrious reserve at left half.

Team : N. Clarke; H. M. Tuddenham, D. R. Laney; W. R. O. Eggington, W .R. Knapman, M. B. Mackenzie; J. J. Hall, J. I. Miller, M. F. Willis, R. R. Paul, N. R. Cooke.

Guy's 2nd XI v. Oxted 2nd XI, H.O.P.
Won 5-0

HOSPITAL INFORMATION

APPOINTMENTS

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Mr. Lawrence J. F. Youlten has been admitted as a Macloghlin scholar.

D. W. J. Cullingford, appointed part-time Consultant Anæsthetist, Mid-Worcestershire, Birmingham (Dudley Road), and Birmingham (Sanatoria) groups.

PASS LIST

UNIVERSITY OF CAMBRIDGE

Pharmacology

Michaelmas Term, 1954

N. G. A. Gracey

CONJOINT BOARD

D.C.H.

J. E. Cleobury
G. H. Fish
K. G. P. Mackenzie

L.R.C.P., M.R.C.S.

Final Examination

October, 1954

Pathology

G. C. W. Baker
Joan W. Baker
J. D. Broome
Elizabeth A. Burns
Gillian M. Cann
J. L. Croft
D. J. Davies
H. T. Davies
J. G. Davies
G. H. Daw
L. W. S. Eyears
Verna P. Firth
M. C. Gie
*A. Halamandres
J. G. J. Howell
J. S. B. Meyer
J. D. Miller
J. G. Parkes
T. Rowan
Ailsa M. Thurgar
M. D. A. Vickers
K. Wilderspin

Medicine

G. C. W. Baker
Margaret A. Barrie
P. S. Boulter
*D. V. Burke
Elizabeth A. Burns
D. J. Davies
J. G. Davies
Verna P. Firth
*A. Halamandres
*S. M. Madeloff
J. G. Parkes
Jane Platnauer
*E. G. Reynard
D. J. Sills
Ailsa M. Thurgar
M. D. A. Vickers

Surgery

*D. W. Atkinson
J. R. F. Boger
Elizabeth O. Bradley
*D. V. Burke
*B. B. Collins
*Sheelagh F. Evans
*I. U. Fraser
*R. J. S. Milton
*R. J. R. Moffat
P. J. J. O'Neill
*G. S. Rawson
*D. J. Roberts

Midwifery

G. H. Daw
T. Rowan

* Have completed the examination.

CHANGES OF ADDRESS

A. W. J. Cullingford, M.B., B.S., F.F.A.R.C.S. D.A., 33, Sheldon Hall Ave., Birmingham 33. (Temp.).

A. J. P. Graham, F.R.C.S., 30, Baines Avenue, Salisbury, Rhodesia. (Tel.: Rooms 26167, Residence 3644).

J. H. Keeling, L.D.S.R.C.S., "Creeting", Pembroke Road, Avondale, Salisbury, Southern Rhodesia.

P. A. Lane-Roberts, M.Chir., F.R.C.S., R. V. Coleman Home, Old Park Road, Dover, Kent.

Miss E. Morrison, M.B., B.S., 8, Charlton Park Gate, Cheltenham, Glos. (Tel.: 56494).

Sir Francis Shipway, K.C.V.O., 6, Wharfe Lane, Henley-on-Thames.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.
Ordinary rates
1 line 6s., 4 lines 20s. Box Numbers 9d. extra.

For Sale

CHARLES DICKENS. *Dombey and Son.* First edition, 1848. Offers? Box No. 75.

CLOUDY RUBY AND DIAMOND RING. £27. French Carriage Clock in case. Perfect. £8 10s. Box No. 74.

SHERLOCK HOLMES AND DR. WATSON. 2s. The Hound of the Baskerville's 1s. Reprints available from *Gazette* Office.

Wanted

FLAT required. N.W. London. 3-4 Rooms. Moderate rent. Would purchase. Box No. 100.

FORCEPS to purchase (preferably Simpsons) and various other obstetric equipment in good condition. Box No. 73.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1

BIRTHS

BROTHERWOOD.—On 23rd September, 1954, at "White House", 5, Carson Road, S.E.21, to Gina, wife of Raymond W. Brotherwood, M.B., B.S., a daughter (Claire Louise) a sister for Nicholas and Geoffrey.

CARSON.—On 15th October, 1954, at St. Luke's Hospital, Guildford, to Ursula Betty (née Wood), wife of Robert Carson, B.D.S., L.D.S.R.C.S., a sister for Sheila.

GRAHAM.—On 12th April, 1954, in Cape Town to Alison (née Brydone), wife of Alexander J. P. Graham, F.R.C.S., a son (Andrew Paul), a brother for Judy and Yvonne.

JEANES.—On 22nd September, 1954, at Guy's Hospital to Peggy (née Lea), wife of Alan Jeanes, M.B., B.S., a daughter (Sarah), a sister for Anthony.

STOKER.—On 4th October, 1954, at R.A.F. Hospital Cosford to Anne (née Forster S.R.N.), wife of Dennis Stoker, M.B., B.S., a son (Philip), a brother for Claire.

TUNNADINE.—On 4th October, 1954, to Prue (née Bellam, M.B., B.S.), wife of David Tunnadine, M.B., B.Ch., a daughter (Susan Elizabeth), a sister for Richard.

WATSON.—On 26th June, 1954, at the Royal Salop Infirmary to Winifred Mary (née Moncrieff, M.B., B.Ch.), wife of William Humphreys Watson, M.B., B.S., a daughter (Mary Penelope), a sister for Peter.

MARRIAGE

WHITTINGTON—COX.—On 31st July, 1954, at St. George the Martyr's Church, Richard Whittington, L.D.S.R.C.S., to Gillian Cox, M.C.S.P.

DEATH

BROUDE.—On 20th September, 1954, Isidore Broude, L.D.S.R.C.S., of 39 Northway, Durban, S. Africa.

Eds. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Voi. LXVIII No. 1730 13th November 1954 One Shilling

PASSIM

Readers of the *Gazette* will be sorry to hear that Mr. R. Davies-Colley is ill in Nuffield House. He is, of course, well known to a large number of Guy's men and is Consulting Surgeon Emeritus to the Hospital. We wish him a speedy recovery.

We extend a warm welcome home to Sir Russell Brock who has just returned from the United States. He attended a Cardiac Conference at Washington and completed an extended lecture tour during the two months he has been away.

We would like to offer our congratulations to the Superintendent upon his appointment to the august office of grandfather.

Dr. Keith Simpson is shortly leaving for a week's lecture tour in France under the auspices of the British Council. During the course of his visit, he will be going to Paris, Lyons, Strasbourg and Lille. We hope to give our readers a more detailed account of his trip in due course. Dr. Keith Simpson's entertaining and instructive comments on his visits abroad are always popular features of the *Gazette*. During recent months he has told us about the United States and Denmark. His description of the French medico-legal and social scene is eagerly awaited.

On 11th October this year a memorial was dedicated in York Minster. It is to Mr. A. H. Visick who died in 1949 and was an internationally famous surgeon, and in addition, to the medical profession in general. This is probably the first church memorial in this country to the work done by doctors through the ages. The monument will be of added interest to people at Guy's. It is a painted and gilded panel in the choir screen in the south aisle and is the work of Mr. H. J. Stammers, the well known glass painter. He is a brother-in-law of Miss Delamare, the Superintendent's secretary.

We have been making enquiries about the little vegetable shop which has lately been erected outside *Dorcas* Ward near the Memorial Gateway, and about which we commented a few weeks ago. The Clerk to the Governors tells us that the sale of vegetables on Friday afternoons is proving a profitable sideline to the Hospital's activities at Ouborough, Godstone. The proceeds from the sale of vegetables and flowers from the Ouborough estate are set off against the heavy cost of research which is being undertaken there. Meanwhile the little shop is likely to make itself useful during the rest of the week. We believe that the dismal sentry-box opposite, which has given a form of protection to the gate-porter, is shortly to be removed and that the porter will now be able to answer enquiries from the more comfortable and appropriate setting of the little green and cream kiosk. There is no doubt that a neat building of this sort provides a more welcoming entrance to the Hospital grounds and to the Dental Department—to which the War Memorial Entrance provides one of the main approaches. The new " porter's lodge " may very well provide a popular focus at this end of the Park.

We record with regret the death at Taunton of Mrs. Laura Susan Eleanor Carr (née Darby), who was in her 104th year. Mrs. Carr was the oldest living trainee of Guy's and, we expect, the oldest member of the nursing profession. We would like to offer our condolences to her relatives.

GUY'S DIARY

NOVEMBER			Exhibition. Department of Surgery. *Goitre.*
15th	M	1.00	Dr. E. H. Rink. Clinical Lecture. *The Care of Anaesthetised Patients.*
16th	T	1.00	Mr. C. A. G. Cook. Clinical Lecture. *Retrolental Fibroplasia (Retinopathy of Prematurity).*
17th	W		Rugby 1st XV *v.* Cambridge University (Cambridge).
18th	Th	1.00	Mr. Grant Massie. Clinical Lecture. *Abdominal Injuries.*
		5.00	X-ray Meeting. Gordon Museum.
19th	F	1.00	Dr. J. C. Houston. Clinical Lecture. *Cirrhosis.*
		2.15	Combined Round. Pre-clinical Classroom.
20th	S		Rugby 1st XV *v.* Rosslyn Park (Richmond).
22nd	M	1.00	Mr. R. J. Cann. Clinical Lecture.
		1.00	Mr. A. Bulleid. Dental Clinical Lecture. Dental Theatre. *The Importance or otherwise of Focal Infection.*
25th	Th	1.00	Mr. S. H. Wass. Clinical Lecture.
		5.00	X-ray Meeting. Gordon Museum.
26th	F	1.00	Dr. Maurice Campbell. Clinical Lecture. *Mitral Stenosis.*
		2.15	Combined Round. Pre-clinical Classroom.
27th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
			Rugby 1st XV *v.* Coventry (Coventry).
29th	M	1.00	Mr. Murray Falconer. Clinical Lecture.

The Schools' Rugby XV fixture against Felstead School, previously arranged for Saturday, 11th December, has been changed to Monday, 13th December.

PUPILS' PHYSICAL SOCIETY

The first event of the year is to be held on 25th November. This is the joint meeting with the St. Thomas's Hospital Physical Society which is being held at St. Thomas's. Thirty students have been invited, fifteen to see medical cases and fifteen to see surgical cases. The time and meeting place together with further arrangements for the Guy's party will be posted on the notice boards of the Hospital within a few days.

MAKING SOUND VISIBLE

The Fison Memorial Lecture given at Guy's Hospital Medical School on Friday, 28th May, 1954.

By GILBERT STEAD, M.A., D.Sc., F.Inst.P.
Emeritus Professor of Physics in the University of London

Dr. E. R. Boland in the Chair

MR. CHAIRMAN, LADIES AND GENTLEMEN,—I feel that though it is a great honour to be invited to give the Fison Memorial Lecture, it is also a heavy responsibility, for I realize only too well that I can scarcely hope to maintain the high standard set by my predecessors, all of whom have been men of exceptional eminence and world-wide reputation. In this connexion I need only mention that the first lecture in this series was delivered in 1925 by the late Sir J. J. Thomson.

Dr. A. H. Fison was Head of the Physics Department in Guy's from 1905–23. He was also for many years Secretary of the Gilchrist Educational Trust, and in that capacity played a notable part in stimulating interest in science in members of the lay public throughout the country. Although I never knew him personally, I had the good fortune in my young days to attend several of his courses of University Extension lectures, and I have a vivid recollection of him as a man of striking appearance and arresting personality, whose charm of manner, engaging smile and delicate sense of humour endeared him to every member of his audience. Dr. Fison's lectures, as I remember them, were always illustrated by a wealth of striking and often beautiful experiments, and looking back I am filled with admiration for the way in which he managed to make these work under very difficult conditions in halls ill adapted for the purpose. Like Dr. Fison I have always been a firm believer in the experimental approach to physics, and so it seems to me not altogether inappropriate that my tribute to him this afternoon should take the form of an experimental lecture, intended primarily for a general audience and designed to appeal both to the eye and to the ear. In short, I propose to base my talk upon a series of demonstrations, some of them old and well known, some making use of modern techniques, but none with any claim to originality. Before embarking upon my task I want to express my warm thanks to all who have helped me, and more particularly to Professor Allsopp, who has made available to me all the resources of the Physics Department, to members of the Guy's Music Club, who have so kindly made magnetic tape recordings of the sounds of various musical instruments and human voices, and finally to Mr. Battye who, in the midst of his multifarious duties, has so generously placed at my disposal his great knowledge and skill in the field of electronics without which this lecture could not have been given. I wish also to thank Messrs. J. & A. Churchill, Ltd., for permission to print Figs. 1, 2 and 3, which are reproduced from my *Elementary Physics.*

Everyone is familiar with simple oscillating systems, such as a clock pendulum or the balance wheel of a watch, in which the motion repeats itself time after time in a definite period. Such motion is known technically as simple harmonic, and the period is the time of one complete oscillation to and fro. Many watches give five ticks to the second, and this means that the balance wheel is making two and a half complete oscillations in a second ; it is therefore said to have a *frequency* of 2.5 cycles per sec. When a tuning fork is struck its prongs execute a simple harmonic motion, but with a frequency of some hundreds of cycles per second, so that the eye can no longer follow the movement but can tell by the hazy appearance of the prongs that they are in rapid motion. Similarly, the ear is no longer able to deal with individual " ticks," but hears a musical note of definite pitch depending upon the frequency of the fork.

Oscillations of simple harmonic type are not necessarily associated with large-scale mechanical systems like pendulums and tuning forks. For example, most public supplies of electricity are alternating, the direction of the current changing at regular intervals with a frequency which has been standardised in this country at 50 c.p.s., and by suitable means electrical oscillations of almost any frequency can be obtained. When alternating current from the mains is led into a loud speaker the diaphragm is set into vibration and emits a musical note of frequency 50 c.p.s. and pitch rather more than two octaves below middle C. In general, any electrical oscillation of appropriate frequency can be made to give rise to a musical note of definite pitch, and so, speaking a little loosely, we may say that electrical oscillations have been converted into sound vibrations. This is, in fact, the basis of the Hammond organ which produces a colourable imitation of ordinary pipe organ tone by means of electronic oscillators and loud speakers.

Another well known piece of apparatus—the cathode ray oscilloscope—enables us to study electrical oscillations by eye instead of by ear. For the present purpose it will be sufficient to say that it is a device in which a fine beam of cathode rays passes down an evacuated glass tube and forms a bright spot of light on a fluorescent screen covering the broad end, as indicated in Fig. 1. J. J. Thomson showed nearly 60 years ago that these rays consist of streams of sub-atomic particles, now called electrons, which carry negative electric charges and travel at high speed along the tube. In the course of their journey the electrons are made to pass between two parallel metal plates, and if a suitable voltage is applied between the plates the electrons are deflected and the spot of light moves vertically up or down the screen. A second pair of plates is provided which serve to deflect the spot horizontally to the right or left. These two sets of deflecting plates are usually called the y and x plates respectively. By applying voltages to both sets of plates simultaneously it is possible to bring the spot to any point on the screen. This device, of course, is the basis of the television screen. An alternating voltage applied to the y plates will cause the spot to oscillate up and down, and owing to the persistence of vision the eye will see a vertical line of light. The amplitude of the vibration will be indicated by the length of the line, but the frequency will not be represented unless a device known as a *time base* is used. In this, a voltage is applied to the x plates sufficient to deflect the spot to the extreme left hand edge of the screen, and is then made to change in such a way that the spot travels uniformly across the screen from left to right. Thus equal horizontal distances represent equal time intervals, and we have in effect a horizontal time scale. When the spot reaches the right hand edge of the screen it is jumped back very quickly to its starting point, and the whole sequence is repeated time after time. The fly back is so rapid that the eye hardly notices it. If an alternating voltage on the y plates is used in conjunction with the time base the spot is made to traverse a wavy curve which is seen as a whole, owing to the persistence of vision, and adjustment of the time base enables a practically steady wave to be displayed upon the screen. One wave length, i.e. a crest and a trough, corresponds to one complete cycle of alternation and is determined by the frequency of the oscillation and the rate at which the time base moves the spot across the screen. The height of the crest and the depth of the trough represents the amplitude of the vibration, while the shape of the curve indicates the manner in which the voltage changes with time. For a simple harmonic oscillation the wave trace is a sine curve, i.e. the graph obtained by plotting the sine of an angle against the angle.

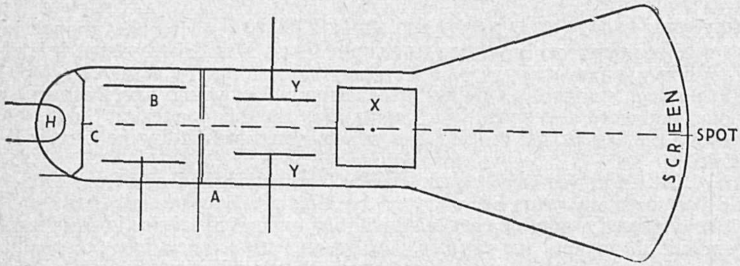


Fig. 1.

Sound passes from the source to the ear by means of waves in a material medium, usually the air. Such waves travel in air at a speed of about 1,100 feet per sec., so that a 5 sec. interval between lightning and thunder implies that the flash took place about a mile away. The nature of the waves can be understood most easily by considering a simple source like a vibrating tuning fork. The forward movement of a prong slightly compresses the air in front of it ; this air relieves itself of the excess pressure by expanding forwards and compressing the next layer, and so on. Thus a region of compression travels forward through the air. Similarly, when the prong moves backwards it causes a lowering of pressure, which also travels forwards. Continuous vibration of the prong gives rise to a series of evenly spaced compressions and rarefactions constituting a sound wave travelling with a definite velocity, and having a wave length equal to the distance between one compression and the next. If such a wave enters an observer's ear the variations of pressure cause the ear drum to vibrate backwards and forwards in the same frequency as the tuning fork, and the brain interprets this as a musical note of definite pitch. Similarly, when a sound wave enters a microphone it sets the diaphragm in vibration and thus gives rise to a periodic electric current which, with or without amplification, can be made either to produce an audible sound in a loud speaker or to give rise to a visible pattern on a cathode ray screen. In this sense we may say that we have made sound visible, as I have ventured to do in my title.

A study of musical sounds has shown that pitch is determined by the frequency of vibration and that loudness is associated with the amplitude, though the relation between amplitude and loudness is by no means simple. The energy of a vibration, which is proportional to the square of the amplitude, may be taken as a convenient measure of the physical intensity of a sound, but the sensation of loudness is related to the logarithm of the intensity rather than to the intensity itself. It is easy to show by experiment that if we multiply the amplitude by a factor $\sqrt{2}$, and so double the physical intensity, the resulting increase in loudness, though perceptible, is quite small.

It will be convenient at this point to consider what happens when two notes of nearly the same pitch are sounded together. The sound waves coming from the sources will be of slightly different wave length, and when they pass through the air simultaneously they will be in step at some points and out of step at other places, as shown in Fig. 2 in which the two separate waves are indicated by the dotted curves.

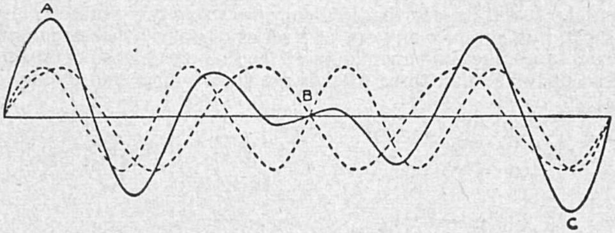


Fig. 2.

The resultant wave, obtained by adding the ordinates of the components, is shown by the continuous line. It will be seen that the wave length is intermediate between those of the components, and that the amplitude varies periodically. The ear will therefore hear a single note, which is subject to periodic fluctuations in loudness known as " beats," and it can be shown that the frequency of the beats is equal to the difference in frequency of the separate notes. The effect is readily shown by using two tuning forks, initially of the same pitch and flattening the note of one of them by loading the prongs with small pellets of plasticine. If the frequencies of the loaded and unloaded forks are (say) 254 and 256 c.p.s. a beat frequency of 2 c.p.s. will be heard. Beats are also easily produced by means of a loud speaker and two audio-frequency oscillators adjusted for slightly different frequencies. The variations in amplitude that are responsible for beats can be displayed on the screen of a cathode ray oscilloscope. The tuning of two notes to the same pitch is most easily accomplished by sounding them together and making use of the fact that the beats become slower and slower as perfect unison is approached.

Two musical notes may differ not only in pitch and loudness, but also in a third characteristic known as *quality*. It is this which enables us to distinguish easily between notes of the same pitch and loudness produced in different ways, e.g., by the human voice, by an organ pipe and by a violin string. It has been found that quality depends upon the form of the vibration and of the associated wave, which may be simple harmonic in character or very much more complex. When a tuning fork is set in vibration by striking it on a soft surface, such as a rubber bung, its oscillations are almost perfectly simple harmonic, and the resulting wave trace given by a cathode ray oscilloscope is found to be a simple sine curve. The tone of the fork, though pure, sounds thin and lacking in musical character. The same fork struck on a hard surface, like a wooden table top, produces a sound of quite different quality, sometimes called its clang tone, and the wave trace on the cathode ray screen is no longer sinusoidal, but very much more complex. We can understand better how the complexity arises by considering first the vibrations of a stretched string as used in such instruments as the violin and piano.

In a well known, but rather striking experiment, a length of string has one end attached to an electrically maintained tuning fork, while the other end passes over a pulley and carries a scale pan in which weights can be placed to adjust the tension. When the fork is started the string soon settles down into a stationary pattern consisting of a number of vibrating segments separated by points of almost zero vibration known as nodes, the places of maximum vibration midway between them being antinodes or loops. The vibrating fork gives rise to transverse waves which travel along the string until they reach the pulley, where they are reflected back again. In this way two sets of similar waves are produced, travelling along the string in opposite directions, and it is their interaction which makes the pattern of so-called stationary vibrations. It should be noted that the distance between two successive nodes is half a wave length of the waves on the string. If the tension in the string is altered the pattern is temporarily upset, but in a short time a new one is established in which the wave length is different and the number of segments in the string is not the same as before. In a stringed instrument the stationary vibrations of a definite length of string or wire, under constant tension, are used to produce a musical note, and the simplest mode of vibration is that in which a single segment occupies the whole string, the ends being nodes and the midpoint an antinode. The string then vibrates in its lowest frequency and gives its fundamental tone. There may, however, be two segments with a node in the middle, in which case the frequency is doubled and the note is an octave higher than before. If the string breaks up into three segments the frequency is three times that of the fundamental and the note is the twelfth above the fundamental. It will be seen that in theory the string can vibrate in any number of parts, and can thus produce any one of a series of notes which are often referred to as the partial tones, the fundamental being the first partial, the octave the second partial, and so on. The first three partials are shown diagrammatically in Fig. 3.

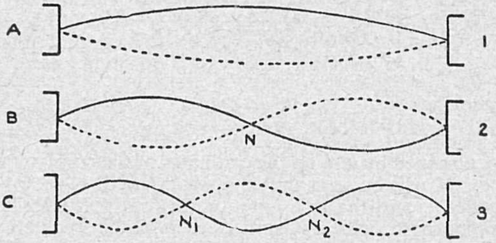


Fig. 3.

When the instrument is played in the normal manner it is usually the first partial that determines the pitch of the note, but this is mixed with the higher partials, and it is this mixture which gives the note its musical quality. Although each partial by itself is simple harmonic the resultant of a number of partials sounding together is not, as can be seen from Fig. 4, in which the dotted curves indicate the simple harmonic waves corresponding to the first four partials, and the continuous curve, obtained by adding the ordinates of the four components, shows the general form of the resulting wave. When a musical note is produced by a stringed instrument the exact shape of the resulting wave, which can be studied by means of the cathode ray oscilloscope, depends upon many factors, such as the mode of excitation, the sounding board or belly, the air contained in the hollow belly, etc. It is the presence of upper partials which makes the clang tone of a tuning fork different from the ordinary tone.

If we turn now to wind instruments we find that the conditions are not very different except that we are dealing with stationary vibrations in columns of air instead of on strings. Several well known experiments can be used in illustration. In one a long glass tube is closed at one end by an adjustable piston, and a small loud speaker is placed in contact with the open end. The loud speaker is fed with alternating current of frequency 5,000–10,000 c.p.s., so that it gives a note of high pitch, and the resulting waves travelling through the tube are reflected from the end of the piston and give rise to stationary vibrations in the air column. These can be detected by placing a small quantity of fine dust inside the tube. The dust arranges itself in little heaps at regular intervals along the tube, the distance between two successive heaps being half a wave length. To get the best results the position of the piston must be adjusted until the air column is in tune with the loud speaker. A shrill note is used so that the wave length may be short enough for a considerable number of heaps to appear in a tube of reasonable length.

Stationary vibrations can be established in free air, without employing a tube, by using a loud speaker to produce a very high pitched note, and reflecting the waves back from a plane surface such as a drawing board or flat sheet of metal. In practice it is convenient to use a parallel beam of sound obtained by placing the loud speaker at the focal point of a large concave mirror. The antinodes in the stationary wave system are readily detected by means of a sensitive flame. If coal gas issuing from a fine jet is lighted, and the pressure is suitably adjusted, a long thin flame can be obtained which normally burns steadily, but under the influence of high pitched sounds shortens and roars, the original form being recovered when the sound ceases. These flames are particularly sensitive to the jingling of a bunch of keys, and to sibiliant sounds in speech. When such a flame is moved through a system of stationary vibrations in air it ducks each time it reaches an antinode, so that the distance between two neighbouring points of response is half a wave length.

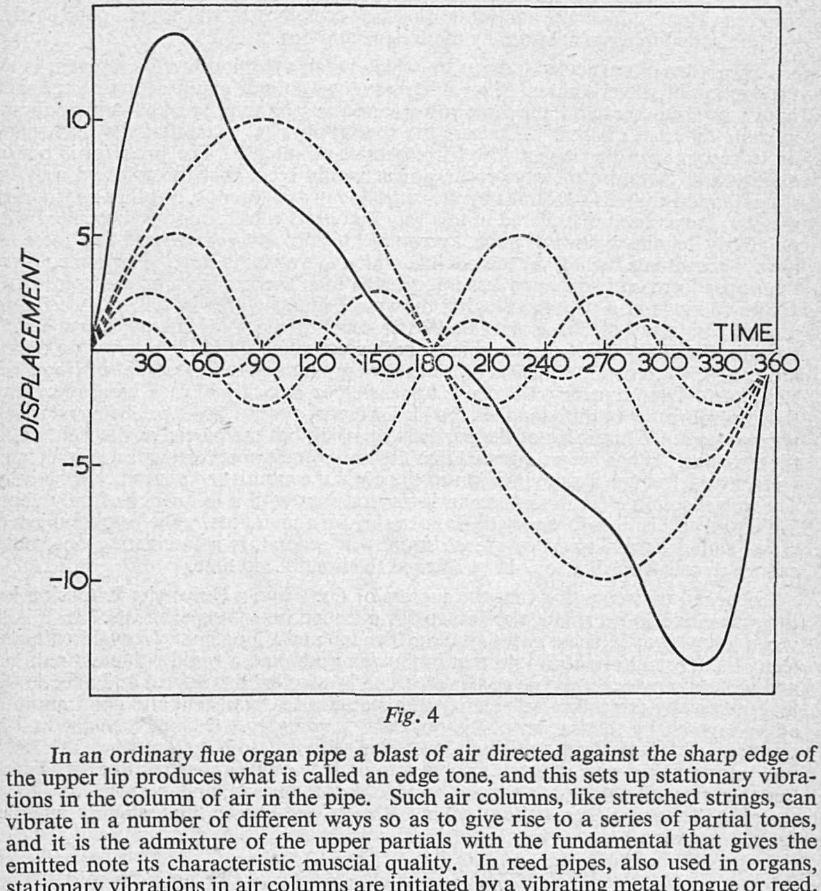


Fig. 4

In an ordinary flue organ pipe a blast of air directed against the sharp edge of the upper lip produces what is called an edge tone, and this sets up stationary vibrations in the column of air in the pipe. Such air columns, like stretched strings, can vibrate in a number of different ways so as to give rise to a series of partial tones, and it is the admixture of the upper partials with the fundamental that gives the emitted note its characteristic muscial quality. In reed pipes, also used in organs, stationary vibrations in air columns are initiated by a vibrating metal tongue or reed. Some wind instruments blown by the mouth, e.g., the flute, operate in the same way as a flue pipe ; others, such as the oboe, the clarinet and the saxophone are provided with reeds, while in brass instruments, like the French horn and the trombone, the player's lips serve as reeds. The notes produced by musical instruments under various conditions can be easily studied by the cathode ray tube, and for lecture purposes it is convenient to store up the sounds in a magnetic tape recorder which can be played over as required and the sounds reproduced on a loud speaker and displayed simultaneously on a cathode ray screen. The resulting wave patterns are often very complex. and even with the same instrument may vary considerably with pitch, loudness and the exact technique used by the player. All such curves, however complicated they may appear, can be analysed into a series of simple harmonic components of definite amplitude and frequency arising primarily from the partial tones of the original source. It must be realized, however, that the diaphragm of the detecting microphone may introduce components of its own, not present in the original wave, and that this is equally true of the human ear.

If we turn now to the human voice we find that the fundamental tone is produced by forcing air between vocal chords, which function as a double reed, and that the resulting vibration is communicated to the air in the various oral and nasal cavities. In this way numerous upper partials are introduced, which blend with the fundamental and so determine the characteristic quality of the sound emitted. Although the whole process is highly complicated there is an obvious analogy with instruments, such as the oboe, in which use is made of a double reed and a vibrating air column. In the human voice the pitch is determined mainly by the three variable factors, vibrating length, thickness and tension of the vocal chords, whilst the upper partials are controlled in large measure by the tongue and lips.

A matter of particular interest, to which much attention has been given, is the production of vowel sounds. Two different vowel sounds may be sung on the same note ; on the other hand, the same vowel sound may be sung by a bass and a soprano at quite different pitches. What are the special physical characteristics that enable us to recognise a particular vowel irrespective of pitch ? The problem is one of quality and therefore of wave form, and it would seem that the solution must be sought in the analysis of sounds by the cathode ray oscilloscope, or other appropriate means. It has been discovered in this way that each vowel sound is associated with two fairly definite regions of pitch, known technically as *formants*, and that these are always accentuated whatever the pitch at which the vowel is sung. For some vowels the upper formant is of much less importance than the lower. For example, D. C. Miller found that a soprano singing the vowel sound *ah* (as in father) at a fundamental frequency of 308 c.p.s. put 69 per cent. of the total energy into the *third* partial of frequency 924 c.p.s., whilst a bass voice singing the same vowel an octave lower at 154 c.p.s. put 66 per cent. of the energy into the *sixth* partial of frequency 924 c.p.s. The frequency 924 c.p.s., appearing so strongly in each case, represents the lower formant of the sound *ah*, the higher one at about 1,200 c.p.s. being relatively unimportant. Thus, it is not the particular partial, but the partial at the right pitch, that matters. It has been suggested that the lower and upper formants are associated with natural frequencies of vibration of the air in the mouth and pharynx respectively. The vowel sound e (as in feet) has a lower formant with a frequency of only about 375 c.p.s., and is therefore very difficult to sing on a high note. The whole subject of vowel sounds, and indeed of speech sounds in general, is a fascinating one, but I cannot pursue it further for I have reached the limit of my time.

I began by suggesting that the success of Dr. Fison's University Extension lectures was due in no small measure to his effective use of experiments. In this he was a follower of Michael Faraday, John Tyndall and a long line of Royal Institution lecturers. Yet I have been told that in Guy's he adopted a wholly different method, and without any experiments at all succeeded in winning the respect and affection of his students by the charm and clarity of his discourse, by his wit and good humour, and above all by the impact of his powerful personality. Of him it might well be said that, like Jack Point, he could teach you with a quip if he'd a mind, and trick you into learning with a laugh. There are many ways of appealing to an audience, but they may all come to much the same thing in the end, and perhaps the art of the gifted lecturer is best epitomized in Gilbert's well-known lines, slightly modified for the occasion,

When offered to the world in merry guise,
Recondite truths are swallowed with a will—
For he who'd make his fellow-creatures wise
Should always gild the philosophic pill !

CORRESPONDENCE

Letters to the Editor of the Gazette

Actions for Negligence

From Dr. A. H. Douthwaite

SIR,—Your criticism of the Legal Aid scheme whereby the poor may litigate at the tax-payers' expense is well founded. The fact that no medical assessor sits on the committee which scrutinises the complaints in the first instance must result in many quite unfounded grievances reaching the Law Courts. One would have thought that lawyers who appraise these claims would have welcomed such help in an advisory capacity.

The fact is that many of the claims are eventually rejected by the Judge after a lengthy and expensive hearing. Then the major injustice arises in that costs, which may run into thousands of pounds, cannot be recovered from the impecunious litigant. It is all to his advantage to have a gamble on the result. The successful defendant, on the other hand, or more usually his defence union, must then find a large sum to pay for having established professional integrity. If the tax-payer pays for the plaintiff, he should equally pay for the successful defendant. Lopsided justice causes resentment.

Another aspect of this matter, which I know worries the legal profession, is that a state-aided litigant is averse from settling cases out-of-court, or at an early stage in the hearing. This used to be common practice when all litigants felt the financial pinch.

Yours etc.,

A. H. DOUTHWAITE.

49, Harley Street, W.1.

SIR,—Some months ago I had occasion to address a letter to you, or possibly it was your predecessor. In retrospect that letter seems to have been couched in terms which were perhaps a little too vehement—though I still adhere to the views that I then expressed.

I write now to congratulate you upon the excellence of the current *Passim.* I refer to your commentary upon the question of litigation against the medical profession. You have stated the case very lucidly and cogently and I think all of us will agree with every word that you write. Will you allow me to add that this editorial struck me also as being of high literary merit?

Yours etc.,

H. A. H. HARRIS.

Southborough House,
Chelmsford.

SIR,—Your correspondent T. G. Lund does not deny that the number of actions against doctors has increased since the inception of the Legal Aid Act.

There are many reasons why this should be so, and not the least of them is the anomaly in the Act with respect to costs of any case. Suppose patient "A" decides to sue Dr. "XYZ" for negligence. The case drags on. Experts are brought in on both sides but eventually Dr. XYZ is shown to be blameless. He has suffered great inconvenience and has been put to it to defend his professional reputation, but eventually he emerges unsullied.

Now, who pays the costs? Not the plaintiff, who had he won, might have been awarded damages of hundreds if not thousands of pounds. No Sir, it is not the plaintiff but Dr. XYZ who has to pay costs, although proved innocent. Who can blame patients when they have nothing to lose and everything to gain?

The "Have a go, Joe" mentality thrives on Acts like this one. Patients claiming Legal Aid often do not realise they are suing individual doctors, but imagine it is the State who will be the defendant in the action. This identification of doctor and State together is growing and is another contributory cause to the increase in litigation. But the Act is anomalous for the reasons stated and until something is done about it more of our profession will be pilloried—at their own expense.

If negligence is proven, let justice be done but in the meanwhile, a "realistic approach" is sorely needed, if we are to be allowed to practice medicine in the way we choose.

Yours etc.,

59-61, Kensington High Street,
London, W.8.

B. H. BASS.

SIR,—Mr. Lund's letter contains the sort of high-sounding unanswerable arguments which are so often associated with a basic silliness.

Passim's request for a "realistic approach by the legal profession" is of course a reasonable and timely one, and, thank goodness, appears in the last few months not to have gone unheeded. What is this "realistic approach" that *Passim* demands, asks Mr. Lund. Let me put it this way. Some months ago a very eminent anæsthetist was sued by a patient for alleged negligence. The judge found for the plaintiff, and damages of several thousand pounds were awarded; the anæsthetist in question must also have suffered a good deal of mental trauma as a result of the verdict. At the appeal, the second judge—we might call him a "senior colleague"—presented with the same evidence, completely reversed the original verdict, and absolved the anæsthetist from all blame. Now some silly people might say that the first judge was guilty of "professional negligence". But we, the enlightened, who have a "realistic approach" to the problem, believe that professional men in positions of great responsibility, who have to take daily decisions of great moment and requiring great learning and experience, should be able to take these decisions without the constant threat of public censure and punishment. Real negligence will always be punished in both professions—by one's own colleagues. The legal profession is officially "privileged"; the medical profession must also be, to a great extent—not officially but by the "realistic approach" which the legal profession must continue to adopt in dealing with our problems. And I do not think that the rights of the common man need suffer in the process.

Yours etc.,

St. Mary's Hospital,
Paddington.

M. P. COPLANS.

SIR,—Medical readers of the *Gazette* will applaud the excellence of the editorials dealing with the question of legal actions against the profession. It would appear that the Secretary of the Law Society considers that lawyers are better able to elucidate problems of diagnosis and treatment than the doctors who are specifically trained in this field. Perhaps the Royal Colleges will think fit to elect him their joint president.

Is the giving of faulty legal advice or legal "misdiagnosis" an actionable offence? If a client loses a case through the negligence of his legal adviser is he likely to be awarded legal aid in order to sue for damages against his negligent lawyer? I cannot believe that the legal profession is entirely immune from human weaknesses and failings. If it were so singularly wise and faultless fewer legal actions would be defended. Members of the Law Society would thereby suffer considerable loss of fees, for the greater the number of actions taken (however fruitless to those concerned, with the exception of the legal advisers), the greater is the income of the legal profession.

Would it be reasonable for the General Medical Council to be sole judges of legal negligence? I submit that this is equally logical as a committee of lawyers deciding upon questions of medical negligence. Surely the General Medical Council is the proper body to judge medical negligence.

It is remarkable that in two recent actions alleging negligence (both unsuccessful) the claims of the plaintiffs were awarded great prominence in the daily press, whereas the evidence of the defendants and the final judgment were very briefly reported in small print and without headlines.

Yours etc.,

4, Victoria Rise,
London, S.W.4.

R. D. FRANCE.

Record Times in Athletics

From Sir Adolphe Abrahams

SIR,—Whether or no I am entitled to the attractive compliment paid me in the last issue of the *Gazette* by your correspondent, Mr. D. J. Lyon, I can certainly support his regret that any one factor should be pronounced in the public press as responsible for athletic stamina or speed, qualities which he very properly describes as a complex combination of factors. Mr. Lyon does not perhaps fully appreciate the attitude of the professional journalist or reporter. His métier is, in a word, "news". He is not influenced by the desire for strict scientific accuracy so much as by the urge to produce something snappy and sensational. He does not aim at a disquisition in which all the factors, physical and psychological that are concerned in athleticism are critically examined. He would much prefer to inform his readers that a champion sprinter's prowess is attributable to a prominent umbilicus; that a marathon winner owes his power of endurance to the daily ingestion of a pound of new carrots; that the saltatory ability of a famous high jumper is connected with the performance of 14 genuflections with his body directed to the East, immediately antecedent to a contest. And he goes on to imply, if not exactly to express, the opinion that one has only to emulate these experts to reproduce their success. So with bio-chemistry. Enough for him to hear that the super-athlete may have a little extra something in his blood or other tissue, to tell the world that this and this alone is the only element in athleticism; or that the negro who is very prominent as a sprinter possesses some quality of muscle that makes for superior contractibility, to disregard ruthlessly everything else concerned.

It is not easy to give him an explanation for the remarkable improvement in records: one has to examine all the circumstances that may be contributory. But of one thing I feel pretty certain—that the giants of the past were as regards physique and courage in no respect inferior to modern heroes of the track.

I was glad to see a reference to our dear old friend Dr. H. A. Munro who matriculated at Oxford 70 years ago and whom until the last two or three years we rejoiced to welcome at the United Hospitals' Championships and even at the Annual General Meeting.

Yours etc.,

ADOLPHE ABRAHAMS.

97, Harley Street, W.1.

Job Analysis and the Nurse

SIR,—May I make a few comments on the article in the recent *Gazette*, " Job Analysis and the Nurse ". The article contains many pertinent criticisms, good ideas and is inspired with high ideals of nursing. I feel, however that the writer has had a limited experience and is not informed. I beg forgivenness if this is not so but I can only draw my own conclusions from an anonymous article.

The shortage of nurses is due to the shortage of woman power of suitable age in the country. According to statistics this state of affairs will become worse in the future. In spite of this, there are more student nurses in training at the present time than ever before, but there is still a shortage of suitable students and trained nurses in hospitals. Because of this, many hospitals are obliged to " have part-time workers, orderlies . . . and the like " in order to have their patients nursed. Much work has been done to determine " the proper task of the nurse " so that the best use may be made of available staff. This shortage is not peculiar to the nursing profession. In hospitals alone, there is an equal shortage of domestic workers, stokers, laundry workers and clerical workers.

The ward sisters will always be the backbone of a hospital nursing service and their importance cannot be over-emphasised, but may I suggest that they have their compensations and it is impossible to compare the responsibilities of a ward sister in charge of twenty patients (as suggested in the article) with the medical staff behind her, with the responsibilities of a Matron of a hospital such as ours. We must be able to attract into the profession not only people who want to nurse but women with exceptional powers of organisation and leadership.

Frequent changing of nurses adds considerably to the ward sisters' work and I am sure no one realises this more than those who work in Matron's office. It is a well known axiom that one move involves at least three others and any one who has worked there will remember—H/N White leaves—S/P Black to H/N *Addison*—Pro. Green to S/P *Mary* and so on (they were probationers when I was in the Office).

We are lucky at Guy's in having a four year training, for in the fourth year the nurse is able to consolidate her varied experience and is well able to take responsibility. The Block system may add a little to the number of moves but the many advantages to the student and to the ward sister far outweigh this. If the writer of the article cares to visit the school of Nursing she can see the plan of training each " set " takes up to State registration. As we are dealing with student nurses and not robots some are unable to follow it. How lucky too we are at Guy's to have had the " case assignment " method of training for as long as can be remembered. It used to be called " Having your own patients ".

Don't we all wish we could wave a wand and have beautiful new hospitals with perfect equipment. Improvements are being made but quite rightly in hospitals needing them more than Guy's does. When the new Guy's is to be built I feel sure that the sisters will be consulted again over the plans, as they were a few years ago.

All trained nurses should belong to a professional organisation. The Royal College of Nursing is the largest and most influential. All would not agree that more support is given to the College in the provinces than in London. Is the writer an active member of her local branch? Anyway the remedy is in her hands. It is the personal contact that brings results.

Yours etc.,

FLORENCE TAYLOR.

7, Talbot Houses,
Blackheath, S.E.3.

The Milk Churn

SIR,—I have just returned home from supporting Guy's v. Bedford, and was pleased to notice how much improved the Guy's XV is this season. It is of course early in the season yet, but I think Guy's should be well in the running for the Inter-Hospitals' Cup in 1955.

Now for the Milk Churn. The Guy's *Gazette* Bicentenary Number was published in 1925, and the Rugby section was written by the late Dr. Alfred Allport, of Charles II Street, S.W.1. Allport played for Guy's First XV from 1888 to 1890, and skippered the XV during the 1889 and 1890 seasons. Besides gaining his International Cap for Rugby, he also had a great reputation as an oarsman and boxer.

I believe he was assisted in writing up the account of the Milk Churn by the late Bill Tanner, (M.S., F.R.C.S.Eng.), who, with me, was also in "the robber band". Tanner and I, with a number of medicals and dentals were in the next compartment to Captain Hunot. In Dr. Allport's account, the name of Crowle should be read as Curle.

Forty-six years ago is a long time, and Captain Hunot is not correct in regard to the Vauxhall Station incident. His excellent description of the triumphal march back to Guy's with the Milk Churn is correct, but he has forgotten that the mascot was taken under student escort *to* the Old Deer Park from Richmond Station, *before the match*. As one fellow remarked, "If we failed to keep the Cup, we should have at least this one instead to go on with".

All concerned took a great risk at Vauxhall Station, for the train stopped as the signals were against us, and the train was liable to start at any moment. Who knows, but perhaps the engine driver gave a sporting and benevolent eye upon the unusual proceedings? The whole affair was spontaneous, and was carried out as a rapid commando assault, for the porters had to be kept at bay, which became our job. The remaining incidents of that memorable day may be of interest to your readers.

The match on that particular occasion was the Final Cup Tie with the London Hospital, and at half-time the London Hospital supporters marched on the ground wearing Metropolitan Police helmets, which they had bought second-hand in Petticoat Lane. The helmets had been used previously by Amateur Operatic Societies by the Policemen's Chorus in "Patience". The Guy's supporters rushed on the field, and after a struggle I was able to take possession of a helmet, which I wore later during the subsequent West End celebrations—I am afraid much to the annoyance of the police.

That night, the suffragettes "raided" the House of Commons. With a friend when attempting to rescue a titled lady from the police, we, too were both arrested, and appeared at Bow Street next day before the Chief Stipendiary, the late Sir

Albert de Rutzen. The Court was filled with Guy's men, amongst others I recognised Archie Peaty, A. E. V. Spill and S. W. Ingram (Wimpole Street). We were discharged without a stain, etc., for Sir Albert was overworked on that particular morning busy sentencing the many ladies each to six months' imprisonment. Was Captain Hunot not present in the Court? Outside one's own special circle, I consider one should know even a little of the other members of one's school and college. No doubt Captain Hunot improved upon, and developed this attribute during his naval career.

My elder brother, now deceased, a former Member and Hon. Treasurer of the Dental Board of the U.K., had qualified and had left, and my younger brother had not yet arrived at Guy's. Captain Hunot is correct in stating that at that time there were only two Warners at Guy's. One was E. C. Warner, F.R.C.P.Lond., now Dean of Charing Cross Hospital Medical School, and the other was your humble servant.

Lastly, Dr. Allport had a great sense of humour, and "wielded a pretty pen". His quip of the students being "in a first class carriage, with the lust of battle in their souls, and third class tickets in their pockets" was of course, but "a write up", or if you will, "author's licence". I am sorry that Captain Hunot also missed this point, and took Dr. Allport's joke seriously.

Yours etc.,

N. S. HEEGAARD WARNER.

12, De Parys Avenue,
Bedford.

Photographic Society

SIR,—Your readers may be interested to know that a Photographic Society has now been formed. No less than 70 attended the first meeting, held in the Anatomy Theatre on 27th October.

The next meeting will be held in the Dental Theatre at 5.15 p.m. on Thursday, 18th November. There will be an illustrated talk and demonstration on Developing and Printing by Mr. L. V. Hughes and Mr. D. C. Payne.

Darkroom facilities are now available—details will be circulated to all members. The darkroom is situated in the basement of the Medical School adjacent to the Gordon Museum. A member of the committee will be available in the darkroom to answer all queries every Wednesday between 1-2 p.m.

May we use the medium of the *Gazette* to make an appeal to all your readers. We would gratefully accept any surplus or unwanted photographic equipment of any kind or age for the use of the Society. Such equipment could be sent to us, care of the Front Lodge.

Yours etc.,

R. E. BAKER.
H. MERCER.

Guy's Hospital, S.E.1.

Take-In Suppers

SIR,—I was very pleased to read in your last issue that the "Take-in" week supper is to be revived. The amount the dressers used to pay also included tea at which sardine sandwiches were a specialty. The tea was not as regular a function as the supper as the amount of work to be done often meant missing tea. The supper was an occasion valuable both socially and from a teaching point of view. I remember an occasion when the blood alcohol had reached a certain level certain members of the firm used to amuse themselves by hurling empty beer bottles through the window. On this night an angry howl was heard and a still unbroken beer bottle came flying back through the window. An outraged silence prevailed and a dresser refreshing himself at the quart pewter mug almost choked. Eventually a ward clerk shouted out of the window "Don't you know that's dangerous?" But from that day no further bottles were hurled from the window.

Yours etc.,

D. W. MAYMAN.

Dale House,
Kingwell Road,
Worsborough Dale,
Nr. Barnsley.

REVIEWS

Orthodontics for Dental Students. By WHITE, GARDINER and LEIGHTON. Staples Press Ltd. *Price* 45*s*. 0*d*.

This book has the distinction of being the first textbook to be written in this country that claims to deal with all aspects of Orthodontics. The last comprehensive work of this kind was incorporated in a general text book of Dental Surgery and was last published some 23 years ago. The book is well presented and contains 218 illustrations.

Where a textbook of this nature deals with controversial subjects it is bound to receive criticism in its first edition and there are some sections on the ætiology of malocclusion which are still very debatable.

The sections on development and ætiology tend to dwarf the diagnostic and treatment sections but the student can profitably read the chapters on development of normal occlusion, the local factors causing malocclusion and their prevention.

Chapter VIII which includes the effects of adverse oromuscular behaviour should be read with a critical attitude. Many authorities would fundamentally disagree on certain statements made in this chapter such as " Training in the correct method of swallowing required great patience but is necessary before correction of the resultant malocclusion can be effected. It is in this field that the co-operation of the speech therapist may be found to be most beneficial."

With regard to diagnosis and classification of abnormalities, the general principles are included but the explanation of the relationship of the dental arches and the " basal bones " would have been more clearly illustrated with tracings of lateral radiographs.

The section on treatment deals with preventive measures, removable appliances, fixed appliances, and the rôle of extractions. These chapters are compact in themselves and are of value to the student. Unfortunately, however, there is no clear cut presentation of the application of various appliances to the treatment of different forms of Angles Class II and Class III malocclusions. Nowhere can the student find original illustrations of patients before and after treatment showing profile views and models orientated to show the change in arch relationship. Illustrations showing treated cases are scattered about in the section on ætiology.

This book falls short of what is required of a comprehensive text book giving practical application to the subject. It is, however, of value to the student as it contains information which is required for examination purposes if read in conjunction with clinical teaching. W.J.T.

Basic Pathology and Morbid Histology. By D. B. CATER, M.A., M.D., F.R.C.S. John Wright & Sons Ltd. *Price* 42*s*. 0*d*.

Of all the subjects for study in the clinical period pathology seems to present the greatest difficulty to senior students. Mr. D. B. Cater's new volume is therefore welcomed as an addition to the small number of good books introducing the subject—among which Professor Payling Wright's *Introduction to Pathology* is an outstanding example and has earned a prominent and affectionate place among medical students. Mr. Cater's book differs greatly from Professor Wright's and is in some parts couched in more elementary terms (perhaps too elementary, see page 6, the " battle of the cells ".) What is particularly noteworthy is the excellence of the diagrams. In particular that explaining the complicated anatomy and physiology of renal failure, p. 166, is admirably exposed. The author's coloured micropaintings are triumphs of skill but are occasionally badly related to the text (e.g., on page 216 eosinophils " are identified by their larger refractile copper-red granules Figure 180.) " On turning to the figure referred to no eosinophils are indicated). Many of these excellent drawings are, in fact, too small when reproduced and have to be examined with the eye of faith—particularly the section of a primary chancre (Figure 75) which is said to show " obvious mantles of lymphocytes at the margin of the lesion ". They are in fact merely black dots on the diagram and might be indicative of any sort of cell. But these are, after all, minor criticisms.

Without doubt the whole work is a good example of clear lay out and careful planning. There are informative tables of which that on page 247, contrasting benign and malignant tumours, is a particularly helpful example. I was sorry to see the suggestion that " patent " ductus can be cured by successful surgical ligation but that relapses recur if the ductus becomes re-canalised. The ligation of the ductus coupled with its division which is now current practice, obviously makes such a possibility less likely.

I like this book. It is basic and readable. The average student will, moreover, learn and relearn much important physiology from these pages in addition to the pathology which it covers so widely. It is excellent value, but 42s. is a lot of money. E.E.D.T.

A Synopsis of Anaesthesia. By J. Alfred Lee, M.R.C.S., L.R.C.P., M.M.S.A., D.A., F.F.A., R.C.S. Third Edition. 488 pp. Simpkin Marshall Ltd. London. *Price* 21*s.* 0*d.*

The third edition of this well-known book will prove most useful, not only to the senior student, but to all residents, registrars and not a few consultants in anæsthesia.

Dr. Lee has packed into this volume all that has withstood the test of time in a century of anæsthetic progress, and has made it a first-class source of information, from which the answer to everyday anæsthetic questions may be found. The text is accurate and up-to-date, and it is pleasing to note that space has been found for valuable but lesser-known techniques such as Moffet's instillation method for topical anæsthesia of the nasal cavities.

Although every accepted anæsthetic drug and technique is described, Dr. Lee has not refrained from giving his own valuable opinion on the relative merits of a particular method when necessary.

In these days of multiple contributors, it is refreshing to handle a book in which the character and experience of one writer pervades the whole. In the mounting volume of anæsthetic literature it would be hard to find so much information for so modest a price—one guinea—as that contained in Dr. Lee's book.

W.S.M.

Thirty Years Ago

From Guy's Hospital Gazette, 8th November, 1924.

Guy Fawkes' Day was taken as a suitable occasion to speed the Warden (*Sir John Conybeare*) on his way to America. A dinner of carefully selected gunpowder-plotters was held, and later on the Externs' Room was made uninhabitable by an expensive assortment of fireworks. During the night we understand that a new Club was formed, under the name of " The Slinkers ", a " Slinker " being anyone who is uncivil enough to want to go to bed before breakfast. Unfortunately before cock-crow all had joined the " Slinkers " to the intense disgust of the founder of the Club, whose pet abomination it is.

SPORT

HOCKEY

30th October

Guy's v. Kingston Grammar School

Away. Draw, 2-2

Often when club sides play schools they are inclined to underestimate the skill and intelligence of the boys. This criticism could not be levelled against Guy's when they played Kingston Grammar School, for the hospital started the game at a cracking pace, and played extremely well. The ball was passed about quickly and there was much pressure maintained in the school " 25 ". The opponents' attacks were limited to well constructed and penetrating sorties, which gradually became more frequent.

After ten minutes' play the school were awarded a short corner, and the ensuing shot was most luckily deflected off an attacker's stick, to enter the goal just below the bar.

This misfortune did not dismay Guy's and it was five minutes later that Elsdon-Dew made a very fine clearance from just outside our " 25 " across the field, to Cooke on the right wing. The latter then streaked towards the circle and drove the ball without hesitation into the goal—a perfect on drive ! The hockey was good at this stage with Guy's pressing hard and it was unfortunate that we did not take all our chances to build a comfortable lead.

After the interval the hospital lost their cohesion, and the schoolboys found our defence out of position on many occasions. Following another corner there was a weak clearance by Guy's, which was quickly converted into a goal, with Clarke apparently unsighted. Our forwards were not getting such a good service now, but they in turn were much slower in their movements. However, Millar added a second goal for Guy's and both sides neither conceded nor scored a further goal.

Cooke returned to form while Millar and Hall combined well on the left wing. In the first half Tuddenham was playing well, and in the second Laney came into his own. A draw was quite a satisfactory result considering that Kingston have always beaten Guy's by large margins in their encounters since the war.

Guy's 2nd XI v. Kingston G.S. 2nd XI, H.O.P.
Won, 5-1

Guy's 3rd XI v. Hay's Wharf 1st XI, Away
Lost, 1-6

6th November

Guy's v. N.P.L. Away.

Won, 5-1

With the approach of the Cup matches, it was rapidly becoming evident that something radically had to be done to improve the Guy's team. To this end Laney was moved to centre-half, Knapman to right half and Mackenzie to right back. The result of this reshuffle was a vast improvement in the side, although much practice and study will be required to make the side into an all-conquering unit.

The pitch was difficult in this game, due to the wet weather, but Guy's dominated the play throughout. As soon as the ball was hit through the gaps, our forwards quickly seized their chances and it was not long before Willis scored his first goal of the season for Guy's. N.P.L.

did not worry our defence overmuch, and Hall soon added a further goal for the hospital. By half-time Cooke had increased our lead by two more goals, thus making the score 4-0.

In the Stygian conditions which prevailed in the second half Millar eventually added yet another goal to our total, but owing to a misunderstanding in our defence, our opponents scored a solitary goal, not long before the end.

Clarke, bedecked in new pads and kickers, showed more improvement both in kicking and anticipation, and save one certain goal, which we feel sure he know nothing about! Laney played well in his new position but must remember to come back quickly in defence. Knapman could hardly be faulted in his positional play, both during defence and attack, while in Cooke, the hospital have a right wing of outstanding ability, who would be a real asset to any side.

Team : N. Clarke ; H. M. Tuddenham, M. B. Mackenzie ; R. Elsdon-Dew, D. R. Laney, W. R. Knapman ; J. J. Hall, J. I. Millar, M. F. Willis, R. R. Paul, N. R. Cooke.

Guy's 2nd XI v. Orpington 1st XI, H.O.P.
Won, 4-1

BOXING

Guy's v. A Representative Sandhurst Team
At Sandhurst on 1st November
Guy's lost by 3 bouts to 4

Owing to injuries on both sides there were only 7 bouts, but in spite of this the occasion was very successful.

Bout No. 1. Lighyweight. P. J. A. Willems (Guy's) *v.* S/Cdt. K. M. Baldwin.

Round 1. Willems started tentatively but defended well against one energetic attack by Baldwin.

Round 2. This was a fairly even round with both doing their share of attacking. Willems' style was the better but he should have made more use of his straight left as an attacking weapon.

Round 3. Willems moved well and blocked a good many hard punches early on. He missed some opportunities for counter-punching when Baldwin attacked wildly. A hard punch from Baldwin sent Willems down for a count of 8, but he pluckily survived a barrage of punches to last the round.

Result : Baldwin won on points.

Bout No. 2. Lightweight. A. V. S. Jones (Guy's) *v.* S/Cdt. K. I. Mentzel.

Round 1. Jones's long left leading left him wide open to some crisp punching from a tough compact opponent.

Round 2. Jones fought very well and attacked but was open to both left and right counters. He might have done better had he waited for his opponent to lead and countered himself.

Round 3. Mentzel attacked and hit Jones with some very hard punches but Jones showed great spirit and repeatedly counter-attacked. The round ended with both boxers going hard at it. Jones should learn to punch more crisply, especially with his left hand.

Result : Mentzel won on points.

Bout No. 3. Lightweight. R. A. Peebles (Guy's) *v.* S/Cdt. H G. Silva.

Round 1. Silva used his left hand to good effect and scored a good deal with punches to the head. When Peebles went into the attack, however, the fight turned in his favour. Through his slowness on the counter Peebles was caught with an unnecessary number of straight lefts.

Round 2. This was a somewhat similar round. Silva still scored well with his left. Peebles attacked hard and landed some good right-hand punches to Silva's head.

Round 3. Peebles attacked and caught Silva with a hard right to the chin which sent him down. He rose at the count of 9 and carried the fight back to Peebles. They fought hard till the end of the round.

Result : Silva won on points.

Bout No. 4. Light welterweight. L. B. Lux (Guy's) *v.* O/Cdt. D. H. Wills.

Round 1. Lux went straight for his opponent with a long left lead which only just reached his face. Wills came back with a hard right and sent Lux down for a count of 9. He rose and tried to fight back but was not allowed to get into his stride. He was floored again with another heavy right. Towards the end of the round he went down again.

Round 2. In the early part of this round Lux was hit in the left eye with a heavy punch and went down.

The referee stopped the fight.

Bout No. 5. Light middleweight. J. G. Allardice (Guy's) *v.* O/Cdt. Wilmot.

Round 1. Allardice came out and sized up his opponent. He took one or two lefts to the face and then moved in with good left hooks and rights to the head and body.

Round 2. Allardice attacked and hit very hard and cleanly. His opponent was strong but whenever he attacked he was met with stiff counter-punches. Allardice's punching was a pleasure to watch. At the end of this round the referee stopped the fight because Wilmot had a badly cut lip.

Bout No. 6. Light middleweight. P. H. N. Davies (Guy's) *v.* J.U.O. P. A. Skoulding.

Round 1. This round started with a good deal of hopping about but Davies attacked towards the middle of the round. It was noticeable that he did much better at close quarters.

Round 2. Skoulding started to do a good deal of scoring with his left. Davies then attacked and did well with hits to head and body.

Round 3. This was similar to the previous round. Davies fought very well at close quarters. He should try not to lean backwards because punches off the back foot carry no weight.

Result : Davies won on points.

Bout No. 7. Light heavyweight. D. Howard-Allen (Guy's) *v.* O/Cdt. J. A. Orr.

Round 1. Howard-Allen was somewhat put out by the awkward style of his opponent who ducked very low and then swung punches to the body.

Round 2. Orr attacked vigorously but was cleverly fought off. However, Howard-Allen did not use his left to full advantage though he scored well inside when the opportunity arose.

Round 3. Orr again attacked and caught Howard-Allen with some good lefts and rights. Howard-Allen was not as fast as usual with his left counters but fought him off. Against such an awkward opponent the uppercut might have been of some value.

Result : Howard-Allen won on points.

ASSOCIATION FOOTBALL

Saturday, 9th October

Guy's v. Reading University

Result, Lost 5-0

Guy's pressed hard from the start and it was against the run of the play when in the eleventh minute the Reading left winger beat Rowland with an acute angled shot. For the remainder of the first half Guy's had most of the play and both Maggs and Barry-Taylor came very near to scoring.

Within eight minutes of the resumption Reading had netted twice and from that point onwards Guy's played only half heartedly. The fourth goal came after sixty seven minutes when the Reading left winger beat Sutton and crossed for the centre forward to give Rowland no chance. Five minutes later Horsfield in passing back to the goalkeeper under pressure put the ball in his own net.

In the defence Crabtree alone stood up to the second half barrage, whilst Maggs and Cornhill worked hard but were unable to get the forwards moving.

Team : Rowland, Sutton, Horsfield, Jaworski, Crabtree, Humphries, Major, Cornhill, Barry-Taylor, Maggs, Wright.

Saturday, 23rd October, Away.

Guy's v. Westminster Hospital Sports Club

Result, Won 4-1

On a fast pitch Guy's soon showed that they were the better side and it was only ten minutes before Owen opened the scoring when the ball went out to the left wing after a goalmouth scramble. In one of Westminster's rare raids on the Guy's half Horsfield brought down the centre forward in the penalty area and Westminster equalised from the spot.

In the second half Guy's played against a strong wind and showed their superiority in their ability to keep the ball on the ground. After eight minutes Maggs put a short ball through a gap in the Westminster defence for Cornhill to run through to score Guy's second goal. Guy's quickly consolidated their position and Owen and Heath both scored within the next ten minutes to give Guy's their second win of the season by 4 goals to 1.

Team : Rowland, Beavis, Knight, Sutton, Horsfield, Humphries, Major, Maggs, Cornhill, Heath, Owen.

MOTORING CLUB

The next event organised by this Club will be held on Saturday, 27th November, 1954. This will be a 75 miles Night Navigation Rally which will start from the Hospital Car Park or Esher Railway Station at 5.15 p.m. The finish will be at the " Brambletye Hotel", Forest Row, Sussex, at about 8.30 p.m.

Competitors will require 1" O.S. maps Nos. 170 and 171 and equipment for navigation and the regularity test. Entry is 5s. per vehicle and there will be prizes for the best performance by a novice as well as the usual awards.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the appointment of **Junior Lecturer in Pharmacology.** Duties to commence as soon as possible. Applications would also be considered from those holding a degree in Chemistry who wish to gain training in Pharmacology. Salary on the scale £600-£750 with superannuation and family allowances. Forms of application are obtainable from and should be lodged with the Dean, Guy's Hospital Medical School, S.E.1, not later than the **3rd December, 1954.**

Applications are invited for a full-time **Research Fellowship in the Thoracic Unit** for research on Cardiovascular problems. It is desirable that applicants should possess a higher qualification in Surgery. Salary within the range £850 to £1,100 per annum, according to the experience of the person appointed. Applications, with the names of three referees, should be sent to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

APPOINTMENTS

Dr. Michael P. Coplans has been appointed Senior Registrar in Anæsthetics at the West Middlesex Hospital.

Dental House Surgeons

8th November, 1954, to 7th May, 1955.

General Duties : Mr. P. Davies, Mr. J. P. I. Rose, Mr. J. D. Lane.
Resident : Mr. P. A. Long.
Prosthetics Department : Mr. K. M. Frew.

PASS LIST

UNIVERSITY OF OXFORD

M.Ch.

A. G. Parks

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

W.G. Davies
R. C. Michell

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.D.S.

Primary Examination

D. J. Neill
W. Sims

Diploma in Orthodontics

A. C. Campbell
Angela R. Fooks
M. A. Kettle

L.D.S.

Final Examination

October, 1954

Part I—Surgery

A. S. Baker
Pamela Bason
B. W. G. McG. Beeching
A. J. Bradley
W. A. B. Cahill
I. Caldwell
D. F. Crouch
P. L. Davies
A. R. Grice
J. R. Harris
D. M. Hobbs
R. B. Johns
J. A. T. Kamps
R. F. King
J. C. Kingston
C. J. Lambert
M. J. O'Brien
J. W. Riley
M. B. Rothschild
D. Scott
A. R. F. Segerdal
M. J. N. Segerdal
H. R. Singer
R. D. G. Stevens
F. C. Van Coppenhagen
P. L. Vaughan
A. D. Wheeler
P. E. Williams
M. F. H. Willis
J. Wolfle

Part II—Dental Surgery

C. P. Briggs
I. M. Briggs
W. A. B. Cahill
I. Caldwell
J. C. Cranfield
P. Degens
A. D. Forman
K. M. Frew
P. H. Goddard
N. J. S. Hills
D. A. Hopkins
H. C. F. Hudson
J. L. James
J. C. Kingston
D. A. Lambert
J. D. Lane
J. S. Lee
E. G. Lewis
P. A. Long
S. C. Lubbock
E. W. Lunn
A. L. Pollock
B. H. J. Pritchard
J. P. I. Rose
Dorothea Street
F. Summers
C. Vowles
P. J. Wege
C. J. Wilkinson
J. F. H. Young

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

October, 1954

Surgery

J. S. Miller

STUDENTS' HEALTH SERVICE

Mass Miniature X-ray

The Ministry of Health Mass Miniature Radiographic Unit will be at Guy's on Monday, 15th November, 1954, and subsequent days for the routine examination of students in the Medical and Dental Schools.

Before this date, notices will be posted in the Medical School, Dental School, Colonnade and College, giving the times of appointments. It is hoped that all students will make every endeavour to attend promptly at the time asked so that examination may proceed rapidly and efficiently.

Should a student find that his name does not appear on the list, or that he is unable to attend at the time requested, he should communicate with the Secretary to the Students' Health Service (Telephone : HOP 3500, Extension 389).

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates

1 line 6s., 4 lines 20s. Box Numbers 9d. extra.

For Sale

SHERLOCK HOLMES AND DR. WATSON. 2s. The Hound of the Baskervilles 1s. Reprints available from *Gazette* Office.

Wanted

FLAT required. N.W. London. 3-4 Rooms. Fixtures and Fittings. Moderate rent. Would purchase. Box No. 100.

PIANO for Old Folks Home (Matron is ex-Guy's), at Willingham House, Willingham, Cambs.

SECOND-HAND Medicine and Midder bags or contents for one about to set up in practice. Box No. 75.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1

PAPERS BY GUY'S MEN

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CHANGES OF ADDRESS

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BIRTHS

BEALES.—On 28th September, 1954, at Guy's Hospital to Ruth (Née Burgess, M.C.S.P.), wife of Clifford Maxwell Beales, L.D.S.R.C.S., a son (David Clifford), a brother for Carol Anne.

COPLANS.—On 11th September, 1954, to Joan, wife of Michael P. Coplans, M.B., B.S., F.F.A.R.C.S., a daughter (Amanda Rosemary) a sister for Christopher.

LARGE.—On 18th September, 1954, in Durban to Jean (née Scales), wife of Tony Large, M.B., B.S., a son (Stephen Anthony).

WARREN.—On 20th October, 1954, to Joan (née Stansfield), wife of Peter Warren, L.D.S. R.C.S., a daughter, a sister for Penny.

MARRIAGES

GOULD—SANDS.—On 16th October, 1954, at St. Barnabas Church, Sutton, Surrey, G. Clifford Gould to Betty Sands.

McCALLUM—O'DOHERTY.—On 9th October 1954, at Tunbridge Wells, Alan George McCallum, M.B., B.S., D.L.O., to Roisin O'Doherty, M.B., B.Ch.

WINSTANLEY—HUGHES.—On 18th September, 1954, at St. Michael's Church, Aberystwyth, Thomas Magor Winstanley to Elizabeth Beryl Hughes, B.A.

EDS. { E.B.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

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PASSIM

The Third Floor

ON the third floor of Out-Patients' is now to be seen part of the new scheme for reorganizing the whole system there from the patients' point of view. De-centralization is the guiding principle. The well known (and well worn) system whereby all arrangements for all out-patients are made at a central counter in the Out-Patient Hall, though it has served its purpose to the best of its limitations, is now in process of giving way to a plan which comprises a series of ' floor teams ' drawn from the clerical staff who will, in future, control the clinics on their own floors.

Each of the Out-Patient floors will soon be equipped—as is the upper floor already—with a counter, reception desk and comfortable seating arrangements. The lift provides easy access. In fact it will be a miniature, to which a distinctly personal touch has been added, of what has already been in existence at ground-floor level, but which has now been extracted, clinic by clinic, to the advantage of patients and staff alike.

This is a step forward of great importance. One of the most persistent and damaging criticisms levelled at hospitals is that which exposes, from time to time, the hours spent in waiting by patients who (it must at this point be conceded) have shown remarkable tolerance of a state of affairs which is unsatisfactory from everybody's point of view. Newspapers have on occasions carried banner headlines revealing what are alleged to be the impersonal and take-it-or-leave-it attitudes of out-patient departments. Yet one has only to talk for a few moments to the clerical staff who organize, and the nursing staff who operate the unwieldy system to realize that they are human too—like the patients.

Does anyone, journalists included, seriously contend that the cumbersome out-patient organization is *designed* to belittle, irritate or subdue an innocent suppliant population? Such, indeed, is the impression that one gains from the popular press. But seriously? In no other profession where consultation is an integral feature can sudden emergency so readily punctuate an otherwise clock-work time table. In no other profession than medicine can theory and practice diverge so rapidly and with such startling effect. It is quite impossible in practice, to allocate "so many minutes" to each patient except as the very vaguest of guiding principles. One simple example comes readily to mind. Mrs. A keeps her appointment, as arranged, to have her Colles' plaster checked. A matter of five minutes, you say. Mrs. A who is a reasonable woman and knows there are many people on the surgeon's list behind her, doesn't want to bother the doctor but she *has* had a bit of pain over the side of her wrist which is getting worse, and sort of keeps her awake at night like. The plaster has to come off. While this is being done the surgeon wisely calls in the next patient, who doubtless thinks how smoothly the clinic is running. Only kept Mrs. A five minutes, he did. The news soon comes back to the surgeon that Mrs. A has an infected blister over the ulnar styloid. This means a special dressing, further elaborate plastering and a check by the surgeon (who goes to inspect in the next room) before Mrs. A can go home—and, in addition, an extra appointment to be made to have the whole thing examined the next day. Not only does Mrs. A spend over an hour at the Out-Patients', but everyone else, in front of whom she has come a second time that day, has to wait too. Multiply this single simple instance twice in an out-patient session : admit the likelihood of one serious unforeseen complication to one patient, and the rest (quite naturally, though perhaps not justifiably) complain of being "made to wait unnecessarily."

The real point is this : neither the clerical staff, the nursing staff, nor the consultant could possibly have foreseen this particular hazard when the session was arranged that day. It is perhaps true that with the sort of wishful thinking which a long waiting list encourages, an outpatient clinic will include more patients per hour than experience or prudence has shown, over the years, to be reasonable under the schedule. But who can be blamed for ascribing five minutes to a patient who ought, ideally, only to require five minutes; thirty minutes to a 'thirty minute patient' and so on? No one is culpable when things of this kind go wrong.

But that is no reason for saying that nothing can be done. Waiting can be made more comfortable. Time flies on a cushion. Time drags on a bench. The 'O.P.O. bench' in Front Surgery, for example, *is* a bench—a plain, unvarnished bench—and no less deplorable because it lives up to its name. Moreover, the personal touch which the new 'floor system' encourages will make explanation easier and relieve the nursing staff of tiresome worries which they shoulder with tact but which can, and should, be dealt with by the appointments desk. Patients deserve to know the reason why.

Lastly, the experience which this reorganization will bring to those who administer a great Out-Patient service will be invaluable in shaping policy and plans for that misty, dare we say mirage?—the New Guy's.

The Superintendent and about thirty Consultants of the Guy's Hospital Staff last week welcomed thirty-one of their general practitioner colleagues from Bermondsey, Southwark and Camberwell. This meeting was held by invitation of the Board of Governors and included a supper served in the Staff Common Room and a most interesting talk by Sir Russell Brock on "Old London Bridge and the neighbourhood of Guy's". Several of the visitors have already expressed their enjoyment of the evening and we hope that this form of liaison between the Hospital and the nearby general practitioners will continue.

We are glad to see Dr. Maurice Campbell at Guy's after his three months' absence in America. While he was there we understand that he attended the International Conference of Cardiology in Washington and meetings of the American Heart Association in Boston in addition to lecturing at Nashville, Tennessee.

All of us were sorry to hear that Professor Whillis was in Hospital again. We understand that he is making good progress and expects to be out in the very near future. All Guy's men will join with us in wishing him a speedy and full recovery and an early return to work.

We are happy to welcome back to Guy's Mr. S. H. Wass who has been at the Johns Hopkins since September. We hope that he will soon be telling us of his visit to the States.

Mr. Frank Law, who is President of the United Hospitals Rowing Club last week presented the prizes at the Club's Regatta held at Putney. It is unfortunate that we ourselves were unable to enter a crew on this important occasion.

We offer our congratulations to Dr. F. Kahlenberg of Gisborne, New Zealand, who has been elected to the Presidency of the New Zealand Branch of the British Medical Association for this year. Dr. Kahlenberg is a general practitioner in New Zealand and the April edition of the *New Zealand Medical Journal* contains a most thoughtful address, delivered at the annual meeting at Wellington, in which the medical state in New Zealand is discussed with considerable feeling.

We regret to announce the death, on 8th November, of Dr. Francis F. Schwentker, Professor of Pædiatrics at Johns Hopkins Hospital, who visited Guy's in 1952 under the exchange scheme between Guy's and Johns Hopkins. We extend our deep sympathy to his relatives.

A few weeks ago we welcomed Mr. Charles Cook to his new appointment as Consultant Surgeon to the Eye Department. On the 16th November a crowded Anatomy Theatre heard his first clinical lecture. This was on the subject of *Retrolental Fibroplasia*. Together with his colleagues at the Institute of Ophthalmology, Mr. Cook has done a very great deal to unravel the mysteries of this tragic disease of the premature infant. His lecture outlined both the disease process and the research work which has helped in its elucidation. We hope to publish this lecture in the *Gazette* at a later date.

We offer our heartiest congratulations to Dr. P. J. Collard who is senior lecturer in the Department of Bacteriology. He has been elected to a Professorship in Pathology at the University College, Ibadan, in Nigeria. Dr. Collard came to us from Barts. and has been a most popular member of the staff and, we might say, an unusually gifted lecturer. We wish him every happiness in his new surroundings.

Last week at an informal tea party the Department of Biochemistry and Chemistry said goodbye to Dr. P. R. Rowland who is leaving to take up a new appointment with the General Electric Company. Dr. Rowland, affectionately known to two generations of Guy's students as 'Conc,' will be much missed, not only in the Medical School but also among a wider acquaintance in the Hospital as a whole. We wish him much happiness in his new appointment.

On 2nd December at 4.30 p.m. we welcome to Guy's, Colonel Paul Campbell of the United States Air Force Medical Corps who is lecturing on *Medical Aspects of Flight Above the Atmosphere*. Colonel Campbell is Director of Aeromedical Research at the U.S.A.F. School of Aviation Medicine, Randolph Field, Texas, and in his lecture he is going to discuss the biological problems of flights which may, who knows, culminate in interplanetary travel. Professor Spurrell will be in the chair at this most interesting lecture.

We record with deep regret the death in London of Mr. Harry Brunow after a rather protracted illness. Mr. Brunow made very many friends during his time at Guy's and he will be greatly missed both by them and by his relatives and friends in South Africa. We will be publishing an obituary notice in an early edition. The funeral will take place in South Africa.

We would like to offer our heartiest congratulations to Mr. Geoffrey Rawson who has been awarded the Begley Prize of the Royal College of Surgeons. This prize is awarded to the best candidate at the qualifying examination in surgery for the Conjoint Diploma. This is, so far as we know, the first award of the prize to a Guy's man since its inception. We hope Mr. Rawson has blazed a trail which many other Guy's men will follow.

Two second year physiotherapy students have hit the headlines again. Pat and Shirley Clark, who are identical twins, appeared last week in " Quite Contrary " on the B.B.C. Television service. They gave a most convincing demonstration of telepathy and I understand that not even their colleagues in the physiotherapy school have succeeded in getting the secret out of them so far.

A seasonable problem is upon us again. Each year those of us who attend clinical lectures have a struggle to hear the lecturer over a barrage of sound which comes from pre-clinical students waiting outside the Anatomy Theatre for their afternoon lectures. We know that this is only unintentional discourtesy to the lecturers, but discourtesy it is and we would like to suggest that on clinical lecture days students wait well away from the Anatomy Theatre door so that they can have their conversations as loud as they like and with completely clear consciences.

GUY'S DIARY

NOVEMBER			Exhibition. Department of Surgery. *Goitre.*
30th	T	1.00	Mr. N. L. Eckhoff. Clinical Lecture. *The Post-Operative Abdominal Case.*
31st	W		Rugby 1st XV *v.* University of London (H.O.P.).
DECEMBER			Exhibition. Department of Surgery. *Amputations.*
2nd	Th	1.00	Dr. W. N. Mann. Clinical Lecture. *Prognosis.*
		4.30	Col. Paul A. Campbell, Sc.B., M.D. (U.S.A.F. Medical Corps). *Medical Aspects of Flight Above the Atmosphere.* Physiology Theatre. Chairman, Professor W. R. Spurrell.
		5.00	X-ray Meeting. Gordon Museum.
3rd	F	1.00	Mr. W. D. Doherty. Clinical Lecture. *Prostatic Obstruction.*
		2.15	Clinico-pathological Meeting. Gordon Museum.
4th	S		Rugby 1st XV *v.* Llanelly (Llanelly).
6th	M	1.00	Dr. T. A. H. Munro. Clinical Lecture.
7th	T	1.00	Dr. P. R. Evans. Clinical Lecture. *Delayed and Precocious Growth.*
8th	W	4.45	Science Club. Dr. T. H. S. Burns. *Producing and Developing a Constant Strength Trilene Inhaler.* Staff Common Room.
9th	Th	1.00	Dr. Christopher Hardwick. Clinical Lecture.
		5.00	X-ray Meeting. Gordon Museum.
10th	F	1.00	Mr. R. H. F. Brain. Clinical Lecture.
		2.15	Combined Round. Pre-clinical Classroom.
11th	S	10.00	Mr. A. L. d'Abreu (Birmingham University). Departmental Round. Clinical Theatre.
			Rugby 1st XV *v.* Old Cranleighans (H.O.P.).
13th	M	1.00	Sir Russell Brock. Clinical Lecture.
14th	T	12.20	Recital of Choral and Organ Music. Guy's Chapel.

Many of our readers will have contributed to the Presentation Fund for Sir Winston Churchill who reaches his 80th birthday on 30th November. For others who may wish to share in this token of respect we note that donations may be sent to the hon. treasurer, Lord Moynihan, 156 Charing Cross Road, London, W.C.2.

GUY'S HOSPITAL PHOTOGRAPHIC SOCIETY

The following officers have been elected :—

President	R. S. Lawrie, M.D., M.S., F.R.C.S.
Vice-Presidents ..	J. Joseph, M.D., M.R.C.O.G. A. W. Hind, M.B., B.S., F.F.A.R.C.S., D.A.
Secretary	R. E. Barber
Treasurer	H. Mercer

The Photographic Society wishes to express its sincere appreciation to the Anatomy Department for permission to use the department's darkroom.

Next meeting : Mr. R. D. Gain, L.D.S.R.C.S. *Cleft Palates and Colour.* Miss Whiteley. *Intra-Oral Photography.*

Dental Theatre : 5 p.m., Monday, 13th December.

GUY'S THEATRE CLUB

Guy's Theatre Club are presenting in the Physiology Theatre at the following times, two plays—" Harlequinade " by Terence Rattigan and the traditional melodrama " Maria Marten " or " Murder in the Red Barn " :—

Monday, 6th December, 1954 ..	7.30 p.m.
Tuesday, 7th ,, ,, ..	7.30 p.m.
Wednesday, 8th ,, ,, ..	6.30 p.m.
Thursday, 9th ,, ,, ..	7.30 p.m.

Applications for tickets may be made to the Student Union Office or by post enclosing a stamped addressed envelope to the Secretary, c/o The Front Lodge, Guy's Hospital.

PERTHÉ'S DISEASE

By AUSTIN BROWN, F.R.C.S.

IN 1909, Legg described an affection of the hip joint in children, associated with a painful limp and the radiological appearance of avascular necrosis of the femoral epiphysis. One year later Perthé published an account of the condition which is now variously known as Perthé's Disease, Legg-Perthé's Disease, coxaplana, pseudocoxalgia or osteochondritis juvenalis.

Aetiology.

The lesion commonly occurs between the years of three to eight, although cases have been reported in the late teens. About 75 per cent. of the patients are boys and the incidence of bilateral affection varies between 10 to 20 per cent. in the published cases.

Legg suggested that the condition was an avascular necrosis of the femoral epiphysis due to thrombosis following relatively minor trauma. This is the theory generally accepted today, although certain features of the lesion differ from the avascular changes following fracture of the femoral neck or proximal pole of the scaphoid, etc. Here the bony structure is retained until absorption takes place, whereas in Perthé's Disease there is early gross destruction of bone with loss of trabeculation. This anomaly has never been satisfactorily explained.

Perthé put forward the theory that the lesion was the result of a low-grade infection. Although various organisms have been cultured from the hips on rare occasions, this view has received little support.

Finally, the changes are thought by some to represent an abnormality of bone growth.

Pathology.

As the lesion is not fatal and undergoes spontaneous resolution without recourse to surgery, the opportunity to observe the pathological changes microscopically rarely arises. By analogy with similar but more accessible lesions, i.e. Freiberg's Disease of the second metatarsal head, certain features are apparent. It is known that the subchondral bone undergoes gross destruction with loss of bone trabecule. The resulting debris may become calcified. Later, granulation tissue invades the area leading to absorption of the debris. Simultaneously osteoblasts lay down osteoid tissue, so called woven bone. In the final stages of healing calcium is deposited in the woven bone.

Radiologically the joint space appears wider than normal. This is generally thought to be due to an increase in the cartilage covering the ephiphysis. The cartilage continues its normal growth, whereas the coincident invasion of the deeper layers by bone does not take place, the latter having died. Burrows, however, is of the opinion that the increased thickness is due to an actual overgrowth of cartilage at the periphery of the avascular area. The upper end of the femoral neck in most cases shows well marked rarefaction radiologically, and later the metaphysis is widened. Areas of increased density may also appear. Recent investigations in Japan, with the aid of needle biopsies, showed that the microscopical appearances in the neck closely resemble those in the head. These findings have yet to be confirmed by other workers.

Whatever the significance of the metaphyseal changes, prognostically they are a bad omen. The more marked the involvement, the less the likelihood of a well-shaped head.

Signs and Symptoms

The patient presents with a history of pain in the hip, or very often the knee, and a limp. It is important to recognize that these symptoms are transient and frequently disappear in a week or two. The limp is characteristic of a painful hip, the body weight being rapidly transferred to the normal limb, so that the child appears to " hurry " off the affected side.

The hip is held in flexion and adduction in acute cases. Palpation may reveal a prominence of the femoral head and greater trochanter. Movements are usually only slightly restricted in rotation and abduction.

Differential Diagnosis

For practical purposes only two conditions need consideration

1. Tuberculosis.
2. Transient Synovitis.

Tuberculosis

Apart from any constitutional signs, there may be wasting of the thigh. The hip is held in flexion and adduction or flexion and abduction. Movements however are limited in **all** directions.

Transient Synovitis

By this is meant a traumatic or toxic synovitis. It is the commonest cause of a painful hip in children. Clinically it is indistinguishable from an early tuberculous infection. The diagnosis is confirmed by the rapid disappearance of signs and symptoms, with rest and traction.

The final diagnosis of Perthé's Disease is made on the X-ray appearance, and the subsequent pathological changes can be followed by serial films.

The earliest sign is widening of the joint space. Usually when the child is first seen, in addition to this, the epiphysis will appear dense. This appearance is partly relative, due to surrounding rarefaction and partly due to calcification of the debris in the necrotic areas. As the lesion pursues its course and the debris is absorbed, the dense areas undergo patchy rarefaction. This is the stage of so-called " fragmentation." In the final stage of healing the osteoid tissue laid down is calcified and the head assumes a normal density. These changes are well shown in Figs. (1, 2, 3).

Treatment

Many divergent opinions are held as to the treatment of the lesion. A small minority of surgeons feels that the final shape of the femoral head is uninfluenced by treatment of any kind.

The majority however recognize that the bone necrosis and subsequent revascularization render the head plastic, and agree that the effect of the body weight during this phase will be to deform the head.

It should be realized that not all the deformation is due to pressure, but is

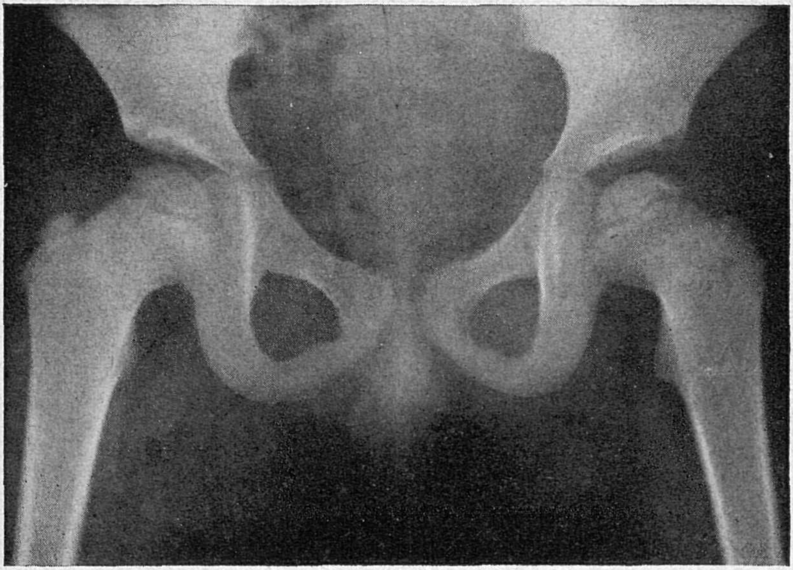

Fig. 1. Early Perthé's Disease left hip, showing increased joint space.

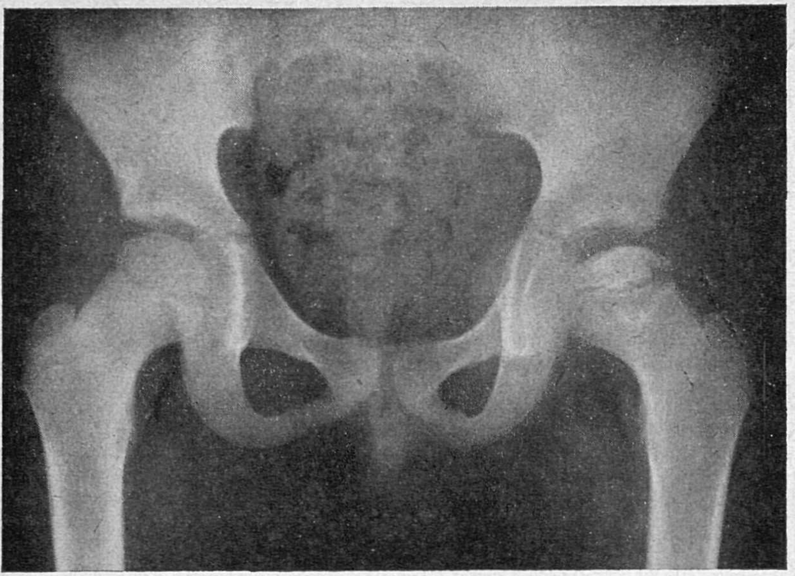

Fig. 2. More advanced changes showing dense epiphysis and early "fragmentation."

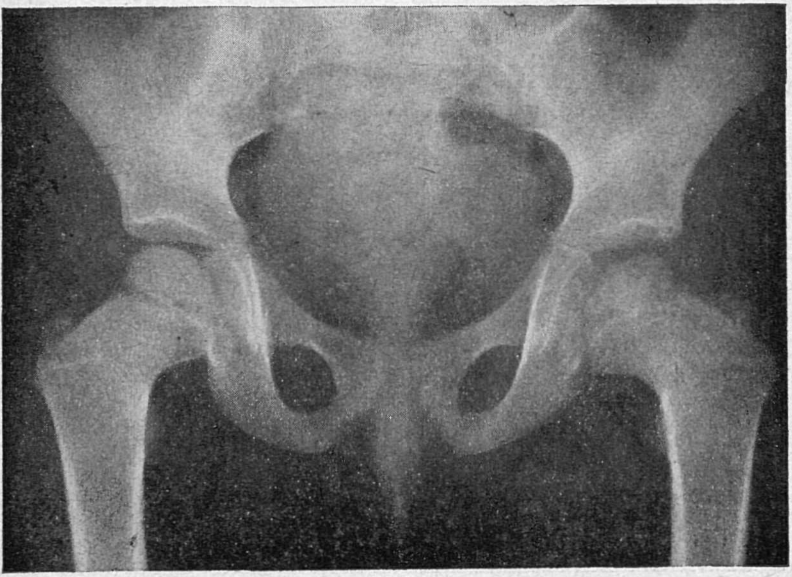

Fig. 3. Lesion virtually healed with well shaped epiphysis

partly the result of the initial necrosis. It is therefore extremely doubtful if it is ever possible to obtain a normal femoral head.

By the avoidance of pressure on the epiphysis during the plastic stage the final deformity, however, can be minimized. In this way the patient may be left with a hip which will last a lifetime or at least until late middle life. If the onset of arthritic symptoms severe enough to warrant surgery can be deferred 10 to 15 years, treatment in childhood is surely justified. It is preferable to spend 1½ to 2 years over treatment at this age, than to be faced with a disabling arthritis between the ages of 35 to 40 years with the attendant economic problem. Not to mention the surgical problem.

The methods used to avoid pressure on the femoral epiphysis can be divided into two groups:

(1) Ambulatory.
(2) Non-ambulatory.

Ambulatory Treatment

This is probably used more extensively in America than in this country.

A caliper, extending 2 inches to 2½ inches beyond the patient's shoe, and ending in a rubber-soled patten, is applied. Only in this way can the caliper be truly non-weight bearing. The other shoe is raised to equalise the leg length. Crutches or sticks may be necessary to enable the child to get about at first, but they can usually be dispensed with in a short time.

The children are of course allowed home in these splints and the co-operation of the parents is essential to ensure that no weight is borne on the limb during the course of treatment. As this may last 1½ to 2½ years it will be realized just how much co-operation is needed. It has been said that the parents tire of the treatment sooner than the children !

Non-ambulatory Treatment

This is the more popular method in England and consists of immobilization of the hip with or without traction.

A Jones double abduction frame is commonly used, traction being applied to both limbs. This method is open to the criticism that both hips are immobilised. It is only in relatively recent years that it has been recognized that rigid immobiliza-

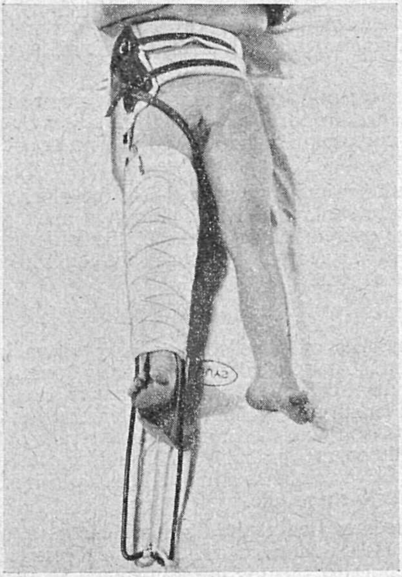

Fig. 4. The Evelina Splint.

tion of a child and especially of both lower limbs may lead to premature fusion of the epiphysis around the knee, with subsequent shortening of the limb.

While the majority of cases have followed prolonged treatment of tuberculosis of the hip, a few cases have been reported in the treatment of Perthé's Disease.

A simple method is to apply traction of 4 to 5 pounds over pulleys at the end of the bed. This dispenses with frame fixation but it is difficult to stop the child kneeling on the limb.

At the Evelina Hospital the splint shown in fig. (4) is used. The limb is supported between the metal bars by slings and the traction cord is tied to the end of the leg piece, counter traction being provided by a groin strap. The wide leather bands bind the trunk to the side piece. The splint does not immobilize the sound limb, and allows the child considerable freedom of movements.

Finally plaster may be used in the form of a hip spica, with or without traction.

The hips are X-rayed at three-monthly intervals, and the decision as to when weight bearing may be allowed is made on these serial films. The lesion takes 3 to 5 years to run its course to complete regeneration of the femoral epiphysis. Few surgeons would advise hospitalization for this length of time.

Most of the deformity takes place during the phase of absorption, and when this stage has passed, usually in 15 to 18 months, the danger of subsequent deformity recedes. On this basis, when the dense areas have been absorbed radiologically and there is evidence of recalcification, especially in the supero-lateral aspect of the head, the child may be allowed free in bed. It is important that recalcification should be well advanced before this step is taken, otherwise the effect of previous immobilization may be nullified. A few weeks after the child has been removed from the splint, weight bearing is allowed and continued observation is carried out in the out-patient department until regeneration is complete.

A great deal of controversy has arisen over whether or not hospitalization is necessary in these patients. The protagonists of patten-ended calipers contend that the child is not removed from his home environment and is able to carry on a normal education. Those who advocate rest and traction argue that even though the caliper is weight relieving, the femoral head is subject to a crushing pressure when the hip abductors contract to stabilize the pelvis in walking. It also demands intelligent and co-operative parents to keep the children, especially the younger ones, non-weight bearing 24 hours a day during the course of treatment.

Children rapidly accommmodate themselves to a ward life and are probably subjected to less psychological trauma than the child in a caliper branded a " cripple " by his playmates.

A compromise has recently been suggested by Herndon and Heyman in America. They advocate frame fixation for 6 to 9 months followed by a caliper for 12 to 15 months. Like most compromises the method will no doubt be criticized by both schools.

Its main application would appear to be in the older children. Eyre-Brook found that the patients could be divided into two main groups. Those under seven years and those over this age. None of the latter group obtained a good result unless diagnosed very early. Prolonged immobilization is therefore hardly justifiable in this type of case.

Results

Clinically the majority of these children have virtually normal hips at the conclusion of treatment. Anatomically it is extremely doubtful if any have a normal hip. The only assessment of value is the X-ray appearance. Attempts have been made to measure the length and breadth of the femoral head, head and neck and acetabulum for comparison with the normal. The results obtained are reduced to quotients. Such methods are probably of doubtful accuracy but suggest that 60 to 70 per cent. of the cases obtain a femoral head which is between 80 to 95 per cent. normal in regard to shape, etc.

Ten cases have been treated at the Evelina Hospital over the last three years. Of these, two are still under treatment. The treatment results in the remaining eight are shown below. Clinically there is little difference between the good and poor results therefore only an X-ray assessment is given. A good result is one with a head 80 to 95 per cent. of normal, a fair result between 60 to 80 per cent., and a poor result anything below 60 per cent. The figures are necessarily arbitrary.

Case	Sex	Age yr.	Age m.	Hip	Duration of Symptoms	Treatment	(months)	X-ray Result
1	M	3	6	L	1 week	Spica and traction Evelina splint	4 9	good
2	M	4	10	L	3 weeks	Traction and bed rest Caliper Spica and traction	9 2 9	poor
3	F	3	11	L	4 weeks	Spica and traction Simple traction	6 12	fair
4	F	3	5	L	4 weeks	Evelina splint	8	good
5	M	5	3	R L	1 week not known	Simple traction Caliper	4 16	R. fair L. poor
6	M	5	9	L	2 weeks	Frame and traction Caliper	3 13	good
7	M	3	—	R	4 days	Evelina splint	9	good
8	M	6	4	L R	2 weeks not known	Evelina splint	13	L. good R. fair

Case 2 was allowed up in a caliper after 9 months. Further deformity occurred. Undoubtedly he should have been immobilized for longer initially.

Case 3 was seen early and would have been expected to get a good result. She developed a severe exfoliative dermatitis which necessitated considerable relaxation of the usual regime.

Case 5 is a good example of the results that may be expected without the co-operation of the parents. He disappeared for 9 months and by that time had well-advanced changes in the left hip.

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Sixty Years Ago

From Guy's Hospital Gazette, 17*th November*, 1894.

GUY'S HOSPITAL DEBATING SOCIETY. On the 3rd inst. this Society met in the Club Smoking Room. Mr. Fripp was in the chair. There was a very large attendance of members, including Drs. Shaw and Washbourn, and the room was packed. The motion was, " That this House emphatically condemns the action of the Licensing Committee of the London County Council with regard to Music Halls " . . . Mr. E. Iven Spriggs defended the action taken by the L.C.C. He could not see why the abolition of drinks in the auditorium, or the doing away with the promenade, should lessen the excellence of the performance, or interfere with the comfort of the audience. He was quite of the opinion that music-hall entertainments satisfied a natural want of the great majority of the public, and could not find anything indecent in the " Living Pictures ", but thought the promenade was a mart for vice, and ought to be abolished . . . . .

ART AND OPUS 130

By MELVIN LEWIS

Art is a pleasure. Like all pleasures its enjoyment is enhanced by cultivation, which in turn is accomplished with increasing experience, knowledge and discernment. Unlike many pleasures its appeal is universal—the Intellect, the Soul or Spirit, and the Body are all aroused.

An artist, one may say, is one who is capable of evoking in others a feeling of such a pleasure by stimulating their Thoughts, their Love, their Fervour, their Desires. The methods he uses to create his work of Art are the expression of the particular talent of the artist. When an artist of great talent fulfils himself in his own art-form, a masterpiece is produced.

In his posthumous string quartets Beethoven, I think, achieved this goal, and in the Opus 130 created a masterpiece.

Consider first the Grosse Fuge ; although this is usually performed separately Beethoven originally composed it as a last movement to the Opus 130. Here perhaps is the outstanding example of well-integrated high-level thought. The " Grande Fugue tantôt libre tantôt recherchée " is gigantic in its conception and almost overwhelming in its effect. In the midst of such intellectual joy the Heavens are reached and the Soul is touched.

The composer prepared us for this in an earlier movement of the Quartet. In an unprecedented avowal charged with exquisite emotion, Beethoven bared his soul in the Cavatina. Nothing else he had written had so moved him and merely to revive it afterward in his thoughts and feelings brought forth renewed tributes of tears." This anguished sob he marked " Beklemmt " and it remains an unforgettable and poignant experience.

The deeply moving and beautiful love thus expressed with such passionate intensity is happily relieved in the other slow movement, a graceful *Andante con moto, ma non troppo*. With delightful charm and serenity Beethoven now marks his music *Cantabile* and *piano dolce*. The second scherzo too is like a lilting German folk dance, while in the laconic second movement lies the characteristic humour of Beethoven. The opening movement, with its wealth of expression and skilful concentration, is possibly unrivalled in the field of quartets.

With consummate mastery Beethoven achieved in this work the supreme fulfilment of his life. The music itself is as deeply satisfying as it is personally expressive.

It is a work of Art.

THE ASTRONOMER AFTER DEATH

Since Time and Space are interchangeable,
(The wise Astronomers say ;)
Can souls and bodies find it manageable
To be in different places
At the same hour of day ?

Ah ! No Astronomer is wise enough
To tell us this ;
But living souls at last their bodies slough
In never-differing Moments,
And constant Space of bliss.

So, when the busy beat of Time doth cease,
And th' Astronomer's tube
Hath fall'n from his nerveless hand, he sees
Nor Time, nor any Space ;
Only th' Eternal Face.

W.G.O.

CORRESPONDENCE

Letters to the Editor of the Gazette

Firm Dinners

From An Honorary

SIR,—While on the subject of firm dinners, isn't it about time a sense of proportion was restored in the financing of these events ?

It may cost the student anything up to thirty shillings, depending on the size of the firm, to provide this quarterly orgy at a time in his career when " brass " is hard to come by !

I know some of my colleagues organise seasonal parties (gestures which I am sure are appreciated), but the firm dinner remains the student's financial burden. If we value these social occasions let us revert to the pre-war system when the dinner was given for and not by the undergraduate.

Yours etc.,

Guy's Hospital, S.E.1. AN HONORARY.

Music in the Lunch Hour

From the Chaplain

SIR,—It has occurred to a small group of members of Guy's Staff that a midday recital of music might meet with the interest and support of the large number of people who are about in the hospital at lunch hour. We know that it is impossible to find a time which will be suitable for everyone and we can only hope that we have chosen a time that will be convenient for many. It is therefore proposed to give a recital of choral and organ music in the Chapel on Tuesday, 14th December, from 12.20 to 1 p.m. Posters announcing the programme will be about in the hospital shortly. There will be an opportunity for those present to give a retiring collection if they wish. All the money so offered will be given to the fund for the Children's Out-Patients Christmas Party.

Yours etc.,

DENYS GIDDEY,
Chaplain.

The Milk Churn

SIR,—I have read with interest Mr. Warner's account of the Capture of the Milk Churn, but disagree with many of his statements. I make the date 1909 ; The Milk Churn was captured on the return journey from Richmond, and never saw Richmond till 1910, when it was hung on the goal posts. I do not think it had been painted up in all its glory till 1911.

I agree with Mr. Warner over the policemen's helmets. The London students came over by bus, which were open at the top. The buses pulled up by the high walls, and we saw what we thought a horde of policemen leaping down from the walls being chased by the unfortunate gatekeepers, to try and get their entrance money. The late King George V, then Prince of Wales, was present and he thoroughly enjoyed the rag which followed.

I was in a carriage on the return journey with about 14 others. I remember in the carriage, Bill Hancock, Reggie Curle, G. D. Eccles, Jamie Stewart (who lay on the luggage carrier) and I think Pinkie Hunot was also there.

Waterloo was a small station at that time, and all local trains to Waterloo had tickets collected at Vauxhall. Also at Vauxhall there was a large depot for milk cans. We stopped at Vauxhall, and Curle and Hancock jumped out, seized a small milk can, and got back into the carriage with it. Waterloo was easy work, the milk can, surrounded by students, was quietly carried out of the station and thence to Guy's.

I went to Guy's in October, 1907, played in my first final in 1908 did not play in 1909, as I was injured, and played in the other years I was at Guy's, so I saw no other Final Cup, until I had left.

Yours etc.,

2, Platt's Lane,
Hampstead, N.W.3.

ALAN V. MOBERLY.

A Matter of Nomenclature

SIR,—*I am constantly rubbing my eyes*
When I read with concern and surprise
Correspondence that errs
When it blindly refers
To The Milk Can as milk churn of Guy's !

Yours etc.,

E. A. PENNY, Lt.-Col. (at Guy's 1904-1911).

Medical Memorials

SIR,—After your most excellent *Passim* on the question of litigation against the Medical Profession, I am sorry to see your somewhat serious mistake in suggesting that the memorial in York Minster to the late Mr. A. H. Visick was probably the *first* of its kind.

There are various Guy's men in Folkestone and no doubt one at least will invite you down to see the very wonderful window in the Parish Church there to Harvey, one of the greatest members of our profession.

Yours etc.,

J. D. FULLER.

Maze Pond,
Wadhurst,
Sussex.

Dr. Fuller's reproach is not quite justified. We intended to indicate that the York Memorial was the first in which the Medical Profession was commemorated—that is to say, in contradistinction to the numerous individual doctors who have earned memorials in the churches of Britain.—Editor.

Job Analysis and the Nurse

SIR,—I feel Sister Taylor's letter calls for a reply. One of the advantages of being anonymous (and I admit it is slightly unfair) is to hear free criticism. May I say that the adverse criticism, with one exception on anonymity, has been from the Sister Tutors' section. This week an ex-sister tutor said to me, " Have you read that silly article on Job Analysis and The Nurse in Guy's *Gazette*? I suppose it is so-and-so airing her views. She makes me tired." " No," I replied, " It was not so-and-so. I wrote it." Unfortunately, there is a large number of people who read and base their criticisms on the person who wrote and not on the truth of what is written. For this reason and because I want it to be perfectly clear that I have no personal gain in writing but a very real desire to bring to the notice of others more able than I am to put right—or make some effort to put right—what I feel to be wrong, I remain anonymous. "Do not spurn sage council : 'tis no objection that he who gives it is short of perfection. Does the pearl lose its worth in the market place if the wretched diver be lacking in grace? "

By newspaper publication it is widely known that there will be a decrease until 1961 in girls of the age group of 18. This was due to the low birth rate of the 1930's. Sister Florence's remark was no news—but I feel she is not following the trend of thought I expressed. Recruitment of nurses was not the point in question so much as the wastage of nurses because they did not remain in hospitals—and the wastage of their nursepower and time. I feel that we are not entirely blame free for the empty beds in other hospitals because we fail to instil into nurses the urge and zeal to work in hospitals.

I have no doubt that the block system has great advantages to the ward sister and the student nurse but have the sister tutors followed, through the years, the disadvantages to the care of the patient and the teaching by the ward sisters? Have they followed in the wards the stress of work and the repercussions upon the nurses' practical work when they are changed every fortnight or month? I suggest that the teaching section has been selfish in this respect. Can any of us study the facts and arguments described in the *Nuffield Job Analysis Report* without a sincere desire to look nearer home and make changes for the benefit of the patient?

To those older members of the nursing staff who have suggested that I am disloyal in publishing my opinions I would quote from Miss Cockayne, Chief

Nursing Officer, Ministry of Health, who was speaking at a conference of ward and departmental sisters at the Royal College of Nursing and published in the *Nursing Times*. "You return to your hospitals where the routine has continued unchanged for many years and your new ideas do not find favour and may even be regarded as a form of disloyalty to your particular hospital. Persistence, patience, planning, and volumes of tact are necessary."

There is abundant evidence that the Nursing Profession is realizing more and more that free discussion and planning for improvement are urgently needed if we are to make the best use of the womanpower and materials we already have. These discussions are more productive if they are informal.

I am not against the block system but I am most strongly in favour of a more realistic appreciation of what nurses are able to do in the wards throughout the 24 hours, and a more co-operative method of distributing and keeping nurses in the wards.

In arranging the hospital's work I am all for a detailed analysis of the nurse's work. Who does it? How long does it take, *and has she got time to do it properly*? In the *Nuffield Report* it was stated that basic nursing had suffered for the sake of technical nursing. I could not agree more. If it is taught that it is necessary to bath a patient every day and change the washing water half way through the blanket bath then the nurses should have time to do it. Does anyone really consider what a nurse is expected to do between the hours of 8 a.m. and 10 a.m.? Do they have their own patients and do all their treatments and bedmaking? We say it is impossible after 10.15 a.m. when the nurses start going off duty, and only sketchily done between 8 a.m. and 10 a.m. We do not have enough staff to cover case-allocation, nurses off-duty times and meal times during the day, and, because the nurses are changed so often, too much time is wasted in learning their job and in teaching it.

So if we say "No, these things are not being done as they are taught in the school" then it is time we did some drastic reorganization until we are sure they are put right. I frankly deplore the smug satisfaction of "If the writer of the article cares to visit the School of Nursing she can see the plan of training of each 'set' up to the State Examination".

We are dealing with patients, not "robots", in bed, and Sister Taylor would have seen no such plan in the wards where they do not know from one fortnight to the next what their staff will consist of, and it is a question of all hands to the pump—sister included. What the nurses are taught today they will teach tomorrow, for the nurses of today are the sisters of tomorrow.

Yours etc.,

A NURSE, S.R.N., S.C.M.

For what we have received . . .

SIR,—Is there room in the *Gazette* for a word about the Nurses' Home? In the last twelve months several thousand pounds have been spent on alterations and modifications.

I propose, first, to mention the dining room, as this has undergone the most change. It was decided that chefs, and their needs, should cook our food nearer than some two hundred yards distance. In order that this could be done, much hard work was put into transforming our food collecting base into a kitchen suitable for such great men. In place of the old familiar hot plates, we have a magnificent erection of glass and chrome stretching from side door to window—finer even than the cafeterias seen in Mr. Lyons' self-service departments. The walls are once again cream and in place of many indescribable pictures, which you may remember, with the exception of the mural and Sarah Swift, we have soft wall lights. The windows are now draped with heavy curtains and if you are fortunate enough to find one vacated, you may sit at our refectory tables on a soft, padded mahogany chair. A duplicate of this cafeteria system is to be seen in the sisters' dining room for the benefit of the staff nurses who no longer reign over us in the minstrels' gallery. I must add that they are segregated from the sisters by a sheet of cardboard.

To take the second and indeed most impressive item, our new lift—resembling a strong-room from the exterior—it requires a Tarzan strength to push back the door. Messrs. Waygood-Otis took some six months to instal it for the small pittance of what I feel sure must amount to a small fortune and it now works only on fine days!

Finally the Nuffield Nurses' Home is being redecorated before the old Nurses' Home, which after all was only decorated when the place was built. Apple green and cream is the colour scheme this year. It is to be hoped that it will soon be indicated at stair heads which of the seven floors one has reached, for those of us who still have the bad habit of walking.

Sir, I realize much good has been done for our benefit since Henrietta Raphael had the Home erected for us would-be Florence Nightingales and do not wish to sound ungrateful, but for what we *have* gained, could not the money have been spent in a better way?

Yours etc.,

ANONYMOUS.

The Nurses' Home,
Guy's Hospital.

Take In Suppers

SIR,—Now that the traditional surgical take-in suppers have been revived, I should like to make an appeal on behalf of the medical firms confined to the hospital during take-in week. Do not they also deserve some aliment after their Sisyphean labours?

The argument is that they do not get up at night to tend patients on Front Surgery. But who has not spent his time in the small, weary hours trying to " count what's written in the red, in that little known laboratory that overhangs the park ".

With aching head and misty eyes,
He scans the slide, and nothing spies,
When into view the red rod flies ;
Then jumps of joy—eureka cries !

What price such noctopus?

They have to pay for their meals in the college, too, and this in addition to the retention fee for their usual residence. There are no facilities for cooking in the medical take-in common room. Would it not be possible to have something to relieve the hypoglycaemia of this forgotten band, or perhaps a share in the ambrosia of their surgical colleagues?

Yours etc.,

I. S. MacDOUGALL.

Guy's Hospital, S.E.1.

Nursing is akin to Housewifery

SIR,—The speech from the chair by Mr. Philip Turner at the Biennial Dinner, as reported in a recent *Gazette*, acted as a catheter to a flow of thoughts on changes in general.

An open coal fire in an operating theatre seems incredible, even in the '90's, and yet what about the changes in the '54's? Perhaps as a bed patient in an hospital a long way from Guy's, comparisons are not fair but what a lot has happened to my idea of a hospital since 1946, the year I qualified.

Very enjoyable reminiscences have been written in back numbers of the *Gazette* of Guy's when top hats covered some of the finest brains in medicine and carbolic sprays hissed above the scalpel. These reminiscences seem almost of biblical age to the modern reader and yet just as remote is my hospital of the '46's to me.

Once there was the faint scent of perfume among the lysol. It has vanished. Gone too is the tiny clip-clop of a size four shoe on polished wood. No longer is there that sweet face, cupped by stiff cap and soft hair. A face swinging in a pendulum of ether fumes, as a general anæsthetic ebbs from your brain, which can be likened to your mistress, your fiancée, the landlady's daughter, your mother, your sister, the secretary of a certain prominent member of the medical staff, or, if you didn't trust the anæsthetist, an angel, and worse still, if you didn't trust the surgeon, your wife. The sterilizer no longer plays the mirror to the disarranged cap, and out of line seam. The drug cupboard is void of that tube of lipstick (never at Guy's), and perhaps that engagement ring that Sister wouldn't let a lady wear (never at G——. No, I cannot be so ungallant).

The linen cupboard holds only linen, and the duty room is devoid of brandy, whisky, beer, Horlick's, tea or coffee. The house surgeon doesn't stay so long.

Those swinging legs have gone from the duty room table (never at Guy's). Matron's rounds have none of the cloak and dagger stuff, the underground movement of smuggling them out from behind the screen to the staff lavatory, from the staff lavatory to the duty room, from the duty room to freedom and an innocent " good morning Matron ".

No, all these things seem to have passed. Sister is now 224 lbs. of husky male, Nurse 166 lbs. of even older male, and the probationer, the lamb, two interesting eyes above a mask, is 140 lbs. of even older, old male. The hand that leads you through the blind lifting on all those intimate personal chores, is shaped as your own. The nails are no longer manicured for the boy friend, 3rd year medical student, the Houseman, the Registrar, the Senior Registrar, or the big white chief depending on the presence of that belt at the waist and the age and wear of the fabric (for the big white chief that belt has probably been worn out and replaced many times). The thermometer comes at you now like an old friend from the saloon bar, stale smoke and bitters. All the ward equipment is stripped of its embarrassment, and nurse's language is not always strictly medical.

No, the male has come to stay, and yet with all his rough and rugged exterior, through the whiskers there still comes that cheerfulness, that kindness, compassion and even gentleness, handed down by " The Lady with the Lamp ". The shoes may have changed from size four to eleven, but the " Heart " is the same, and I, for one, say, " Thank you " for that.

Should there be a bearded Florence Nightingale, embittered in his fight for equal rights with woman (Why shouldn't they have two pips when in the army?) who hasn't read into these writings the praise and admiration I feel, let me issue this warning. Nursing is akin to housewifery, and a wit once said, " Housewives have no beards because they would never find the time to shave ". If this is true, and Darwin certainly is, then hang on to these " moustachios ".

No, the nursing profession are the " salt of the earth ". I should know, I married one, but mine is a female of the species.

Yours etc.,

BRUCE WOTTON.

P.S.—My home address is given for obvious reasons—I have a long time to go in this place.

Saxon House,
67, Bristol Road,
Weston-super-Mare, Somerset.

NOTICES

STUDENTS' UNION CHRISTMAS DANCE

This will be held at the Empire Rooms, Tottenham Court Road, on **Monday, 6th December, 1954, from 8 p.m. till midnight.**

Tickets : 3s. Single (3s. 6d. at the door). Evening Dress (or Lounge Suit).
5s. Double (7s. at the door). Buffet and Bar Extension.

All Members of the Staff, all Students, Nurses, Physiotherapists and Radiographers are welcome.

CHRISTMAS SEALS

We recommend to our readers the Christmas Seals which are supplied both by the National Spastics Society and the National Association for the Prevention of Tuberculosis. These Christmas seals are very attractive and provide an excellent way of aiding these very worthy charities. Supplies of the seals may be obtained from the National Association for Prevention of Tuberculosis, Tavistock House North, London, W.C.1 and from the National Spastics Society, 44, Stratford Road, London, W.8.

RESIDENTS' PLAY RECORDS

Recordings of songs in the last Residents' Play are still available and may be obtained from : The Sound News Production Company, 3, Clover Mews, Tite Street, Chelsea, S.W.3.

REVIEWS

The History of St. Mary's Hospital Medical School or, *A Century of Medical Education.* By Sir Zachary Cope, 1954. Wm. Heinemann Ltd., London. *Price* 25*s.*

" The colours (of the St. Mary's Rugby Football Club) were then orange and blue." This of the 1860 or 70s, is interesting reading for Guy's men. Between 1899 and 1902 St. Mary's appeared in 3 finals of the Inter-Hospital cup, being twice beaten by Guy's and beating the London in 1900. Later Mary's won the cup 11 times out of 13 competitions between 1934 and 1953 but what was remarkable was that in 1936 the " A " XV challenged and beat the 1st team.

The beginning of the Medical School is unusual in that the hospital and school were conceived together although, in fact, the hospital opened in 1851, 3 years before the school. The idea of a history of a medical school is excellent, partly because many of the " political " problems of a hospital are not of interest to medical students, who may still be very interested in the earlier days of their school. Twenty two of the staff of the school have been F.R.S.s ; the names of a further seven students who have been F.R.S.s is worth giving :—

Leonard Rogers
E. H. Kettle
Alexander Fleming
Sydney Price James
Leonard Colebrook
Henry Barcroft
G. W. Harris

(Fleming was attracted to St. Mary's because it had a good swimming club ; he certainly found the right conditions of work there.)

St. Mary's flourished in the middle and at the end of the 19th century but by 1919 the intake was becoming very small. At this point Dr. C. M. Wilson (now Lord Moran) became Dean. Great changes followed, both in the intake of students and in the buildings of the school. Wilson chose students by " competitive interview ". He had a number of school and university scholarships to award—and set out to choose the holders on the lines of the Rhodes' scholarships. There were only a few each year but they probably contributed to a raising of the standard of work and of games and others (without scholarships) followed them from their schools and colleges. (Your reviewer must here admit that he was one of these scholars, though he never got beyond the "A" XV). The measure of what Wilson did is shown by two items. In 1919 the Visitors of the University Grants Committee told Wilson that St. Mary's had no future as an Undergraduate School. In 1934, only fifteen years later, St. Mary's were able to decide to take only students intending to read for university degrees. (It was the first London Medical School to make this decision.) It is difficult not to refer in some detail to Wilson. As Wilson's H.P. I spent hours waiting for him while a Committee's sitting was prolonged or he was seeing some one about something. It was difficult to realise what he was doing for the Medical School and he was such an extremely good physician that it seemed a pity he had only 6 or 10 beds and had to spend so much time organising.

Sir Zachary Cope has written the book in a quiet style ; half the book is the history of the Medical School and of the Wright Fleming Institute ; the remainder gives biographies of St. Mary's men. But though the book is simply written it is very readable. In 1884, at a converzione for 2,000 people, the ground floor wards were decorated by Messrs. Gillow ; the band of the Grenadier Guards played under the direction of Dan Godfrey ; the out patients room was decorated by William Morris and the refreshments included £20 worth of Chinese birds' nest soup. What a party ! In 1869 the request of Sophia Jex Blake and two other ladies to be admitted was refused but the original committee (of 21) of the London School of Medicine for Women included nine St. Mary's teachers. (The St. Mary's School Committee in 1874 voted that " without in any way wishing to dictate to their colleagues " they were of the opinion that such connection was " highly injurious to the interests of the St. Mary's School "). In 1887 Augustus Waller, in his laboratory at St. Mary's demonstrated that the electrical currents in the heart could be led off from the limbs. He did not follow this up himself but he demonstrated it to Professor Einthoven of Leiden and this led on to the great work of Sir Thomas Lewis.

Guy's has provided five members of the staff at St. Mary's, John Braxton Hicks retired from Guy's at age 60 in 1883 but filled a gap at St. Mary's for 5 years and " Piggy " (T.G.) Stevens is probably known to many living obstetricians. What other famous names are to be mentioned? Almroth Wright, Ida Mann, Burdon-Sanderson (who trained Pembrey) Crichton-Browne, Broadbent and Spilsbury or Owen-Smith, T. Kemp, E. K. Scott and N. M. Hall, or Lovelock and Bannister?

Every medical school has its great names. It is a fault that there is, or has been till now, too little knowledge by undergraduates of what goes on at other schools in London. Perhaps we might try in London, the plan thay have in Boston, where a student can do, for example, his medicine and obstetrics at one school and elect to attend another for say, pædiatrics and yet another school for its surgery course.

Zachary Cope's history of St. Mary's is certainly worth reading ; it will be enjoyed (not least by the five St. Mary's men working at Guy's now) and may lead Guy's students to read the history of their own school.

R.C.M.

Biochemical Investigations in Diagnosis and Treatment. By J. D. N. NABARRO, M.D., M.R.C.P., London. H. K. Lewis & Co. Ltd., 1954. *Price 25s. 0d.*

The rapid increase in the range and complexity of biochemical investigations in medicine renders it imperative that concise and up-to-date interpretations of these new laboratory procedures, and of their limitations, shall be available. Dr. Nabarro has set out to write, in under 300 pages, a " practical guide for hospital residents and registrars ", and has succeeded well in his task. This is not just another book of " Methods ", but a clearly written account of the ways in which the laboratory " can help in the solution of the diagnostic problems that arise in the wards " and as a guide in planning treatment. Recent work is given its place, and the chapters on disturbances of Water and Salt Metabolism, Renal Function and the Endocrine Glands are particularly helpful.

Tables of normal values are given in an Appendix, including normal values obtained in " investigations not usually undertaken in hospital laboratories ". These latter tables are useful, but are certainly courageous, and in some cases one would hesitate to agree with the levels given until more information concerning them is available. There is a useful index divided into two parts : an index of investigations, and an index of conditions, diseases and treatment.

Although, as is inevitable in a book dealing with a rapidly developing subject, there are certain statements with which one does not agree, the text is on the whole accurate and informative, and the book can be warmly recommended as a useful and up-to-date guide to the interpretation of biochemical investigations.

R.H.S.T.

Fluid Balance in Surgical Practice. By L. P. LE QUESNE. First Edition. Messrs. Lloyd Luke Ltd. *Price 17s. 6d.*

This short but admirably written and illustrated book is based on the author's prize-winning Moynihan Essay for 1953.

The first three sections deal with the physiology of water and salt metabolism with a lucidity which I have not yet seen equalled and do not expect to see surpassed. The sections on the treatment of water, sodium, chloride and bicarbonate loss, fluid loss in children, potassium deficiency and renal failure are of a uniformly high standard. The author has been concerned to put forward a simple scheme of replacement therapy and its control which can be generally applied, even where only the simplest laboratory or side-room methods are available. In doing so he lays stress on the value of urinary chloride and specific gravity determinations, and rather underrates that of plasma and urinary sodium estimations. These provide a more delicate control and since most hospital laboratories are now equipped with flame-photometers, are easy to do and more accurate than the Fantus test for urinary chlorides which should no more find a place in any textbook on replacement therapy, than in the actual control of such therapy. The only other objections I have arise from differences of opinion based on personal experience: for example, the simple replacement of abnormal fluid losses from the gastro-intestinal tract volume for volume with normal saline (p. 67) is not only "not biochemically ideal" (p. 68) but the use for any length of time of such a concentrated solution of sodium, even though it is isotonic, will in my experience lead to sodium and water retention. Nevertheless, in spite of these and one or two other smaller points, nothing can detract from the high quality of content and production of this book, which I most emphatically recommend to everyone concerned in this absorbing and important branch of treatment.

W.H.H.M.

Bacteriology for Students of Dental Surgery. By R. B. LUCAS, M.D., M.R.C.P., D.P.H. and IVOR R. H. KRAMER, L.D.S.R.C.S. Published by J. & A. Churchill, Ltd. *Price 22s. 6d.*

This book is presented in the usual form for a bacteriology book, that is, the first part discusses general topics such as immunity, sterilization, chemotherapy, the second part with systematic bacteriology and concluding chapters dealing with dental disease.

The preliminary chapters are very well set out and give a clear, if somewhat dogmatic exposition of the generally accepted views on infection, immunity and the relation of bacteria to disease. A short and up to date account of chemotherapy and also a description of *antibodies* in present day use is given.

A somewhat unusual feature for the title of this book has been the inclusion of brief accounts of the pathology of several of the more common diseases produced by bacteria. The remainder of the book is devoted to a brief account of systematic bacteriology, this includes a number of bacteria of particular interest to the dental surgeon.

The book as a whole serves as a useful introduction to bacteriology for students of dental surgery. The illustrations, particularly those on sections, could be improved by the use of higher magnification in order to bring out the points in the text.

K.E.S.

Notes on Infant Feeding. Fourth Edition. By STANLEY GRAHAM, M.D., F.R.C.P. (Ed.), F.R.F.P.S.(Glas.) and ROBERT A. SHANKS, M.D., M.R.C.P.(Lond), F.R.F.P.S.(Glas.). E. and S. Livingston, Ltd., Edinburgh and London. *Price* 4*s*. 6*d*.

Fortunately for infants, mothers and students and doctors, there has been a welcome tendency in recent years to simplify the subject of infant feeding, at any rate inasmuch as practical methods are concerned.

The title of this book might lead one naturally to expect a dogmatic approach; while this is so in some parts, an unusually full discussion occurs elsewhere. For example, the beginning of the book is concerned with breast feeding and is reasonably concise; some fascinating facts in bovine husbandry are disclosed, although not everyone will agree altogether that, other things being equal, the greater the fluid intake the greater the quantity of milk secreted in women. Artificial feeding is then tackled. The Calorie requirements of a normal infant are discussed and an estimate of a daily intake of 45 calories per pound body weight is calculated. A similar discussion for undernourished infants follows, after making the point that such infants should be fed according to their expected weight. An example is then given of the calculation to determine the caloric requirements, and this figure is subsequently converted into a quantity of milk. This, of course, is a scientific method, although many people are content simply to use as a guide "2½ oz. per pound of expected body weight".

A description of different milks and instructions for cleaning bottles and teat are given, although no mention is made of the useful method of immersion between feeds in 1% "Milton".

A short chapter on the feeding of premature infants is included in the book and some causes of Failure to Thrive in infants are given, followed by a brief outline of the management of diarrhœa and vomiting. There are two appendices containing some useful facts and figures.

A constant difficulty for the student is in choosing the size of the book he is going to buy; they are either too big or too small; this book seems to fall between the two stools and is very reasonably priced.

M.L.

Aids to Dermatology. By R. M. B. MACKENNA, M.D., F.R.C.P. and S. L. COHEN, M.B., B.Chir. Baillière, Tindall & Cox Ltd. Fourth Edition. *Price* 7*s*. 6*d*.

This latest edition of an old established volume of the "Aid" series is quite outstandingly good. One would not have imagined that such a cheap book, so compressed and with so few illustrations could possibly have done justice to its subject. Surprisingly it provides a most readable and most logical introduction to dermatology. The common skin diseases are discussed and also the skin manifestations of systemic diseases receive clear attention. The rarer skin diseases are described briefly in smaller print and in close proximity to the commoner conditions from which they require differentiation. The illustrations are few in number and consist only of line drawings. For this reason perhaps one should emphasize that reference to patients or failing that to the more accurate atlases of skin diseases should accompany the study of this book. For the student doing his skin appointment and for those revising for qualifying exams this book can be very strongly recommended.

P.S.B.

SPORT

RUGBY FOOTBALL

Guy's v. Old Whitgiftians

30th October, 1954

Result : Draw, 0-0.

This proved to be a most disappointing game for players and spectators alike. Although sunny there was a very cold wind and the pitch had retained a lot of the recent rain and the ball soon became heavy and greasy.

From the start Old Whitgiftians set out to prevent the Guy's backs from getting moving and it made the game full of spoiled chances. The Old Boys' were a very strengthened side having one of their side who had just come back from Germany and two others who had especially come down from Cambridge to play.

Our backs were kept shut in by their opponents who came right up to their men and full credit must go to them for their very good defensive play. In the tight scrums Labuschagne hooked well and the ball was only lost on three occasions in the whole game. In the loose honours were even, with the Guy's pack struggling to keep the game open and their opponents equally determined to keep it close. Twenty-five minutes after the start Hackett made a very good run and then cross kicked. The ball went over the line and Van den Berg, who was following up, attempted to touch it down but a "25 yards" drop was given. Guy's continued the pressure and a few minutes later Hawley made a very nice opening and then passed to Thomas who was forced into touch just a few yards short of the line. A minute before half time a penalty was awarded against the Old Whitgiftians for collapsing the scrum and Labuschagne missed a difficult chance.

Throughout the second half Guy's were continually in the Old Boys' half but just could not score and so the game ended as a very tame draw.

Guy's v. Old Blues

6th October, 1954

Result : Lost, 3-5.

Although Old Blues snatched victory in the last minutes this proved one of the most enjoyable and exciting games of the season. Full praise must go to the Old Blues for holding on so determinedly after being down practically the whole game and making use of the few opportunities they were given. It was a great pity that the Hospital should lose their unbeaten home record when they seemed certain winners but they seemed to lack thrust when they were on the attack and although certainly they had the better of the game they were unable to finish off their movements and score.

It was an extremely clean game, full of open rugby which made it very enjoyable for the spectators, although the number of Guy's supporters is still far from being great.

The forwards were unlucky to be without Labuschagne who pulled his thigh muscle, for two thirds of the game but Fairweather ably replaced him as hooker, and continued to get more of the ball than his opposite number. Glendinning and Cooke were always prominent, Cooke especially in the line-outs. Hackett had a good game but the backs are lacking variability in attack and are tending to come across the field in order to try and make their openings instead of trying to run through. Old Blues were always quick to make use of the Hospital mistakes and these frequently led to very dangerous movements.

The game started at a rapid pace and Guy's were soon attacking the Old Blues' line. A few minutes after the start Hackett cross-kicked and Evans, who ran hard, gathered the ball well and scored a good try in the corner. Carroll missed a difficult goal. Just before half time Hackett made a lovely opening and ran hard for 30 yards before passing to Thomas who was brought down just a foot short of the line and so at half time the hospital led by 3-0.

Soon after half time Guy's attacked the Old Boys' line vigorously but good covering prevented further scores. A few minutes from time one of the Old Blues kicked ahead and the ball bounced awkwardly for Carroll and hit the posts. A scrum was awarded and the seven Guy's forwards were pushed over the line for the Old Blues to score a combined forward try, which was converted and so gave them victory.

Players against Old Whitgiftians: J. D. Carroll C. E. Evans, M. Lindsey, R. T. Hawley, G. D. Thomas, G. W. Hackett, R. K. Knight, D. C. Lee, A. Labuschagne, I. Van den Berg, A. Gunn, R. C. Morgan, N. W. Glendinning, D. A. Lillicrap, T. A. R. Cooke.

Against Old Blues : Replace D. C. Lee for D. K. Fairweather.

ASSOCIATION FOOTBALL

Guy's *v.* St. Mary's

Wednesday, 27th October (Away)

Result, Drawn 3-3

St. Mary's kicked off facing the sun and it was against the run of the play when their right wing scored from a cross from the left. Despite this early setback, Guy's continued to play the more constructive football and pressed hard. Luck was against us however for, on at least five occasions, the St. Mary's goalkeeper was beaten only for the ball to be scrambled off the line or to hit the upright or crossbar.

Thus Guy's trailed 0-1 at half-time but at last we settled down and within twenty minutes we were winning 3-1 through goals by Wright (2) and Heath. We seemed set for a comfortable win when Heath and Humphries were involved in a nasty collision—both players having to leave the field. This reduced our effective playing strength to eight men for Cornhill was limping badly on the right wing.

St. Mary's took full advantage of this and pressed hard. An unfortunate mistake gave St. Mary's their second goal and the equaliser came on the stroke of time when their centre-half came right up and headed a fine shot past Lewis.

Team : A. Lewis ; Creed, Knight ; Sutton, Missen, Humphries ; Major, Maggs, Cornhill, Heath, Wright.

HOCKEY

Guy's *v.* Gravesend

13th November

Result, Draw 3-3 (Away)

This was a satisfactory result, bearing in mind the reputation and strength of our opponents, and indeed, had we taken all our chances, we must surely have won the match. Our scorers were : J. I. Millar 2 and N. R. Cooke 1.

Guy's 2nd XI *v.* Gravesend 2nd XI

H.O.P. Won 4-1

Guy's 3rd XI *v.* Gravesend 3rd XI

Away. Lost 2-4

Guy's *v.* Wallington

20th November

Away. Won 4-0

In this fixture D. Bevan-Thomas, and M. Morgan were playing their first games for the 1st XI. Morgan had a very good match at right-half and fitted into the side well. Guy's were masters of the game throughout and should have won by an even greater margin. Goal scorers were : J. J. Hall 2, R. R. Paul 1 and M. F. Willis 1.

Guy's 2nd XI *v.* Wallington 2nd XI
H.O.P. Won 2-1

Guy's 3rd XI *v.* Wallington 3rd XI
Away. Lost 3-4

LADIES' HOCKEY

United Hospitals' Cup—2nd Round

Guy's *v.* London Hospital

Result, Won 8-0

Guy's met London Hospital in the United Hospitals Cup having had a bye in the first round. Guy's went into the lead very quickly and the forward line combined together well. Goals came rapidly as the London goalkeeper was rather weak and Guy's finished off well in the will to be seven up at half-time. Maynard played extremely well on the right wing and in addition to shooting two goals sent across a number of centres, off which Allin scored two and Greenwood one.

In the second half London played much better and marked the Guy's forwards much more closely, who were only able to break away once to score another goal. The Guy's defence marked well and kept London out of the Guy's goal throughout, but failed to take advantage of many of their free hits and rolls. Outstanding in defence were Platt, Hutchinson and Harrison-Bloom.

Scorers : Allin 5, Maynard 2, Greenwood 1.

Guy's *v.* University College
Result, Lost 2-5

University Cup

Guy's *v.* Royal Holloway College
Result, Lost 0-4

Guy's *v.* Westminster Hospital Nurses
Result, Won 7-1

Mixed Match
Guy's *v.* West Middlesex Hospital
Result, Lost 0-3

PUBLISHERS' CATALOGUES

We acknowledge with thanks the receipt of the catalogues of two well known medical publishers. One is that of Messrs. Basil Blackwell of Broad Street, Oxford and the second is from Messrs. E. & S. Livingstone Ltd., Teviot Place, Edinburgh. Both these publishing houses would be glad to send copies of their catalogues to any of our readers who care to ask for them. Please write direct to the publishers and not the *Gazette* Office.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the appointment of **Junior Lecturer in Pharmacology.** Duties to commence as soon as possible. Applications would also be considered from those holding a degree in Chemistry who wish to gain training in Pharmacology. Salary on the scale £600-£750 with superannuation and family allowances. Forms of application are obtainable from and should be lodged with the Dean, Guy's Hospital Medical School, S.E.1, not later than the **3rd December, 1954.**

Applications are invited for an appointment of **Research Fellow to assist Dr. P. A. Gorer** with work on the serological study of transplantation immunity. Appointment to begin in February, 1955 for one year in the first instance, extendable up to three years. Salary normally on junior registrar or junior lecturer scale. Applications with names of three referees should be sent to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

HOUSE APPOINTMENTS

December 1st, 1954

Assistant House Surgeons

To :	
Mr. Blackburn	Mr. J. A. Pollock
Mr. Lawrie	Mr. G. H. Anderson
Mr. Glover	Mr. A. Halamandres
Mr. Brain	Mrs. M. D. Pollock

Appointed for 6 *months, the first* 3 *months as A.H.S.*

Assistant House Physicians

To :	
Dr. Douthwaite Dr Hardwick and Dr. Bishop	Miss B. K. Oliver

3 *months*

To :	
Dr Boland Dr Baker and Dr. Houston	Mr. G. S. Rawson

To :	
Dr. Hampson Dr. Kauntze and Dr. Grant	Mr. D. W. Atkinson

To :	
Dr. Mann Dr. MacLean and Dr. Campbell	Mr. S. M. Madeloff

Appointed for 6 *months, the first* 3 *months as A.H.P.*

Out Patient Officers

Mr. D. K. Fairweather Mr. A. Robinson Mr. B. H. B. Robinson Mr. J. P. A. Weaver Mr. D. N. Whitmore	3 *months*

House Surgeons

To :		
Mr. Massie	Mr. D. E. Tunnadine	3 *months*
Mr. Eckhoff	Mr. O. Morton	6 *months*
Mr. Atkins	Mr. J. W. Goodfellow	3 *months*
Mr. Wass	Mr. P. R. Lyon	6 *months*

House Physicians

To :	
Dr. Douthwaite Dr. Hardwick and Dr. Bishop	Mr. E. Moran
3 *months*	

To :	
Dr. Boland Dr. Baker and Dr. Houston	Mr. R. W. Edmonds
3 *months*	

To :	
Dr. Hampson Dr. Kauntze and Dr. Grant	Miss S. M. Mullally
6 *months*	

To :	
Dr. Mann Dr. MacLean and Dr. Campbell	Mr. E. E. D. Tomlin
6 *months*	

Resident Obstetricians

1.7.54—31.12.54	Mr. I. C. Fuller
1.9.54—28.2.55	Mr. P. J. Frost
1.11.54—30.4.55	Mr. R. G Orr
1.1.55—30.6.55	Mr. P. F. P. Lansdown

Ophthalmic House Surgeon
(Non-Resident)
Mr. R. M. Kirk 6 *months*

Throat and Ear House Surgeons

Mr. O. H. Shaheen	3 *months at Orpington*
Mr. R. J. R. Moffat	3 *months at Guy's then* 3 *months at Orpington*

Dermatological House Physician
(Non-Resident)
Vacant

Genito-Urinary House Surgeon
Mr. W. S. Lund 6 *months*

Neurological House Physician
Miss M. J. Purser 3 *months*

House Surgeon to the Thoracic Unit
Mr. J. C. C. Kendall 6 *months*

Children's House Physicians

Mr. M. R. Alderson	3 *months*
Mr. K. A. Hillard	6 *months*

Children's House Surgeon at the Evelina Hospital
Miss J. E. Banbury 6 *months*

House Physicians to the Department of Medicine and Resident Junior Clinical Pathologists

Mr. J. T. N. Williams	3 *months*
Mr. N. A. G. Leadbeater	6 *months*

House Physicians in the York Clinic

Mr. B. L. Mallett	6 *months*
Mr. M. J. Craft	6 *months*

Resident Anaesthetists

7.7.54— 6.1.55	Mr. J. H. Kerr
20 9 54—19 3.55	Mr. P. G. Dunbar
7.1.55— 6.7.55	Mr. C. Bishop

House Surgeons in the Orthopædic Departments of Guy's Hospital and Orpington Hospital

Mr. R. J. S. Milton	6 *months.*
Mr. I. U- Fraser	6 *months.*

R.M.O. in Nuffield House
18.9.54—17.3.55 Mr. D. R. Pugh

ORPINGTON HOSPITAL

House Surgeons
Mr. B. B. Collins
Mr. J. A. Stevens

ST. OLAVE'S HOSPITAL

House Surgeons
Miss S. F. Evans
Mr. J. McKenna

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeons
Mr. L. Hall
Mr. C. W. Pook

JOYCE GREEN HOSPITAL

House Physician
Mr. J. D. Chard

ST. JOHN'S HOSPITAL, LEWISHAM

House Physician
Mr. E. G. Palmer

House Surgeon
Miss B. A. M. Allen

LEWISHAM HOSPITAL

House Physician
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Third (*M.B., B.S.*) Examination for Medical Degrees

October, 1954

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A. M. Brown
B. B. Collins
G. Gover
L. Hall
K. S. Jap
J. W. Jordan
D. C. Linahan
J. McKenna
Joan M. Montague
D. B. A. Ofomata
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J. A. Pollock
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CONJOINT BOARD

L.R.C.P., M.R.C.S.

P. J. J. O'Neill has completed the examination.

PAPERS BY GUY'S MEN

Barber, H. W. Dermatoses Affecting the Lips and Buccal Mucosa. *Proc. Brit. Soc. Periodontol.*, 1954, **4**, 19.

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CHANGES OF ADDRESS

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J. H. Evans, M.B., B.S., M.R.C.P., 11, Greystoke Court, Hanger Lane, Ealing, W.5. (Tel.: Perivale 1266).

H. P. Guerrier, F.R.C.S., Connybeare Wood, Haccombe, Nr. Newton Abbot, Devon. Consulting Room : 48, The Terrace, Torquay. (Tels.: Kingskerswell 2218 and Torquay 3763).

M. Hall, M.B., B.S., D.A., 10, Woodbury Close, Croydon, Surrey. (Tel.: Addiscombe 1759).

A. G. McCallum, M.B., B.S., D.L.O., 13, Lonsdale Gardens, Tunbridge Wells, Kent.

John D. Morris, M.B., B.S., D(Obst.)R.C.O.G. 70, Church Way, Sanderstead, Surrey. Surgery: 8, Barclay Road, Croydon. (Tels.: Sanderstead 4686 and Croydon 0532).

J. E. H. Young, L.D.S.R.C.S, 12, Oxford Street, Nottingham.

BIRTHS

ENGEL.—On 18th November, 1954, at Guy's Hospital to Morag (née Dodds) wife of Charles Engel, a son (Stephen Beaufry)

MAILE.—On 14th November, 1954, at Nuffield House, Guy's Hospital, to Sheila (née Kelly), wife of W. B. D. Maile, M.D., M.R.C.P., a brother for Christopher.

MARRIAGES

DAVIS—WILLOX.—On 18th September, 1954 at St. Paul's Church, Knightsbridge, Surg.Lt. Malcolm Davis, R.N., to Audrey E. G. Willox, S.R.N.

YOUNG—DUNCAN.—On 30th October 1954, at St. Mary Magdalene Church, Sutton-in-Ashfield, Notts, J. Frederick H. Young, L.D.S.R.C.S., to Pamela A. Duncan, S.R.N.

DEATH

GABELL.—On 21st October, 1954, Alverstone Harold Gabell, L.D.S.R.C.S., of Meadowcroft, Station Road, Redhill, Surrey.

EDS. { E.B.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVIII No. 1732 11th December 1954 *One Shilling*

PASSIM

Last week a huge segment of delicious fruit cake covered in marzipan and icing sugar arrived in *Bright* and *Wilks*. It was a present from Sir Winston Churchill and represented a substantial part of one of his birthday cakes. The Prime Minister's generous gesture was widely appreciated in the wards and served as a happy reminder of what was, after all, an 80th birthday of no ordinary kind. Those of us who recall with delight and pride Sir Winston's wartime reference to " some chicken ; some neck ! " will probably sum up the reaction of those who saw, ate, and digested this unique delicacy as, " some birthday ; some cake ! " That was about the size of it.

We know that all Guy's people will join with us in congratulating Mr. G. M. Evans on his appointment as Consultant Obstetrician and Gynæcologist to Farnborough and the Bromley Group. Those of us who know Mr. Evans from his time as Registrar at Guy's and Exchange Senior Registrar at Farnborough will be aware both of his technical prowess and his teaching capabilities. The midwifery liaison with Farnborough will be enriched by Mr. Evans' present appointment.

We would like to wish Mr. Rufus Thomas, who has retired from the appointment at Farnborough, many happy years in which we have no doubt he will continue to enjoy his golf. We know that many will wish to join with us in paying tribute to Mr. Thomas who has played so large and so satisfactory a part in the teaching of a large number of Guy's students.

We congratulate Miss June Brett on her appointment as surgical registrar at the Elizabeth Garrett Anderson Hospital and wish her great happiness in her new surroundings.

The new house officers who started work at the beginning of this month have created an unusual precedent. Diana and Alan Pollock are the first married couple ever to hold office together at

Guy's. Such a happy coincidence naturally encourages one to look forward to further agreeable domestic appointments of this type.

Our good wishes go to Sister J. B. Pegler, one of the sister tutors in the School of Nursing, who has left to be married.

We congratulate all the nurses and the School of Nursing on the Final State Examination Pass List which we publish on page 510. Every Guy's candidate was successful.

We would like to draw the attention of our readers to the lunch time recital of choral and organ music on Tuesday, 14th December. This is being held in the Chapel from 12.20 to 1 p.m. and is to be given by members of the Guy's staff. The organ is being played by a well known denizen of the Counting House who is, by now, Guy's by adoption although employed by a famous banking house. The recital is, as Mr. Giddey mentioned in his letter in the last issue, in support of a very worthy cause. All of the collection is being given to the Landon Tea Party for Children, about which the Superintendent has written a letter published on page 505.

As you enter the Out-Patient Hall a new black and white notice meets the eye :

Patients for Clinical Attendance and Enquiries please refer to Guide Board at foot of stairway for location of Clinic or Department required.

Could this perhaps mean, " If you want to see the doctor the board by the stairs will tell you where to go " ?

The work of making the dresser's flat more suited to its nightly task of containing a take-in supper is going on quite well. A longer table and some splendid cupboards have been added. The door leading to the scullery has been removed and a curtain substituted. This is a marked improvement as sooner or later some type of injury would have been sustained by an unfortunate pinned between door and sink. All that remains to be done is the substitution of a more adequate stove for the two gas rings which are at present there and the provision of some more cheerful lighting than is given by the present low wattage bulbs.

We understand that the green and yellow plastic duck which appeared in the sterile bird bath in Theatre 5 is not to be a regular visitor to gynæcological lists. We believe that the authoritative view is that this was a migrant. It is further understood that any other livestock seen in the theatres is liable to be shot on sight.

GUY'S DIARY

DECEMBER			Exhibition. Department of Surgery. *Amputations.*
13th	M	1.00	Sir Russell Brock. Clinical Lecture. *The Surgical Treatment of Pulmonary Tuberculosis.*
			School Rugby XV *v.* Felstead School.
14th	T	12.20	Recital of Choral and Organ Music. Guy's Hospital Chapel.
		1.00	Mr. H. J. B. Atkins. Clinical Lecture. *Breast Disease in General Practice.*
		1.00	Mr. R. E. Rix. Dental Clinical Lecture. *Mal-occlusion. Class III.*
16th	Th	5.00	Mr. Murray Falconer. Neurosurgical Demonstration. Clinical Theatre.
		5.00	X-ray Meeting. Gordon Museum.
17th	F	1.00	Dr. A. C. Hampson. Clinical Lecture.
		2.15	Combined Round. Pre-Clinical Classroom.
18th	S		Rugby 1st XV *v.* Moseley (H.O.P.).
21st	T	1.00	Dr. P. M. F. Bishop. Clinical Lecture. *Hirsutism.*

NOTICES

PUPILS' PHYSICAL SOCIETY

Some thirty members of the Society together with Drs. J. H. Baylis and J. F. Soothill visited St. Thomas's Hospital for the first meeting of the season. This was one of the annual joint meetings with St. Thomas's and was greatly enjoyed by all of the Guy's party. The cases shown were very interesting, though occasionally rather obscure, and the hospitality was of the high standard which we have come to associate with our friends at St. Thomas's. The return match is to be held at Guy's in March when the Society will be hard-pressed to equal the high standard of the St. Thomas's meeting. The Society offers its thanks to our sister Physical Society.

GUY'S HOSPITAL MOUNTAINEERING CLUB

This Club is in the process of formation and the organisers would be delighted to hear from any Guy's staff or students who are interested in any aspect of mountaineering. Previous experience, though desirable, is of course not essential. The Club hopes to cater for hill walkers and rock climbers. Will anyone interested please get in touch with either Messrs. P. S. Boulter or B. L. Dodson, c/o The Front Lodge.

GUY'S HOSPITAL REPORTS

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OBITUARY

HARRY LOUIS BRUNOW, M.B., Ch.B.(Cape Town), F.R.C.S.(Eng.).

A wide circle of friends will mourn the death on 20th November, 1954, of Harry Brunow after a long illness.

Harry Louis Brunow was born in South Africa in 1918 and received his schooling in the South African College School, Cape Province. From there he started his medical training in the University of Cape Town from which he graduated M.B., Ch.B. in 1940. After a year as a house surgeon at the Groote Schur Hospital he enrolled in the South African Medical Corps, seeing service as a regimental medical officer in the Middle East, Italy and the United Kingdom. Demobilised in 1946, he continued his postgraduate training in surgery, obtaining his first appointment at Guy's Hospital as a clinical assistant in the Genito-Urinary Department. He became demonstrator of Anatomy for 18 months, during which time he passed the primary F.R.C.S., and was then appointed as additional surgical registrar on the firm of the Senior Surgeon, an appointment he continued successfully for one year. During this time he achieved the diploma of F.R.C.S. (Eng.) To further his practical training in general surgery he worked at the Lewisham Hospital for 2½ years as surgical registrar. With this sound background in general surgery he felt the time was now ripe to start in the specialty of his choice, thoracic surgery, and was fortunate to work at the Brompton Hospital for one year under Sir Russell Brock and Mr. Oswald Tubbs. On the completion of this appointment he continued in thoracic work at the Brook Hospital until his work was interrupted by the illness which was to prove fatal.

On arrival at Guy's, Brunow worked with great zeal to improve the fortunes of the Hospital rugby which were at a low ebb. A first class footballer himself, acute in attack and almost psychic in his positioning in defence, he knew well the value of constant training, physical fitness and perseverance to make a strong team. He so impressed the footballers at Guy's that he was elected captain in 1947 and, though not eligible to play in the Cup matches, his able encouragement from the touch line helped in no small measure to bring home the Cup for the first time in 14 years. Nor did his enthusiasm wane when a knee injury put him out of the playing game in 1950. He continued to devote many hours both midweek and at week ends to coaching, observation and critical encouragement of all strata of Guy's rugby. It was a fitting tribute to this great footballer that a special Guy's shield was presented to him this summer with the inscription " An appreciation from the rugby footballers of Guy's Hospital thanking you for all you have done for the Club ". This tribute from his own was much appreciated by him and was to prove a great source of joy in the dark days which were to follow.

Brunow had a great zest for life and to be in his company was a fine tonic. He enjoyed people and he had that easy way with him which attracted a host of friends. His humour was simple and never malicious and he enjoyed an infectious gaiety. He was a full man and he appreciated, in work as in play, that the task he had set himself in surgery required not only diligence but the proper background of training. He set out to attain his goal, not by any scintillating short cuts, but by the progress of steady hard plodding. With his object nearly achieved illness struck him and he tackled this new problem as one knew he would, with a cheerful optimism and forecast hopes for the future. And so he passed on. Not a Guy's graduate—but a true Guy's man for all that.

The sympathies of all at Guy's go out at this sad time to his relatives and friends in South Africa where he is to be buried. F.N.G.

Thirty Years Ago

From Guy's Hospital Gazette, 6th December, 1924.

We have no intention of stating what is the " Landon Tea Fund " nor of describing the Landon Tea. Most of you have seen it, not once but many times, and others, who have been unable to fight their way into the Out-Patients Department on Christmas Day, have heard it. It is the noisiest " tea " in the world and is still more unique by being quite tealess. It is really more in the nature of a " Landon lemonade, oranges, paper-hats, and crackers " than a " Landon tea," and there are two Christmas Trees. The official number of guests is six hundred and fifty, but nearly fifty more usually squeeze in, not counting policemen, and they take their " tea " by the simple process of making as much noise as possible and refusing to be kept in order.

ALTA CALIFORNIA

by

H. J. B. ATKINS

"As part of our journey will be over water," announced the young man in T.W.A. uniform, "we want you to be familiar with our technique of 'how to ditch without a hitch.' Beside your seats you will find self-inflating life jackets which are put on like this. By pulling on these cords the jacket will inflate automatically—No madam, we can't try them out right now—and if that, or 'those' I should say, fail, you apply the lips to this tube—pardon me—having first unscrewed this little cap, and blow. Will you please fasten your safety belts, and Captain Cormorant the pilot, Miss—Miss—er Miss Lynn Weismuller the hostess, the co-pilot, the-rest of the crew and I, all hope you will have a pleasant trip. We shall be flying at 17,000 feet and the cabin will be pressurised to 10,000 feet. We are going via Iceland and Greenland because the weather is better up there, and as soon as we are in the air drinks will be served."

So at 11 p.m. on a clear night we set off from London Airport. For weeks my colleagues had been harping on the bottles of champagne, whisky and "What have you," that I should consume free owing to the generosity of T.W.A. and I had certainly given the matter some thought—whether one could manage a whole bottle of champagne or just half a bottle of whisky. It was something of an anticlimax therefore that, despite the urgent recommendations of "Miss—Miss—er Miss Weismuller," when it came to the point, all I wanted was a small whisky and soda which I thoroughly enjoyed. Then they let down the sleeping berths, drew the curtains and we call climbed in. There was much writhing in opisthotonos in the confined space of the berth to remove trousers and other garments and climb into pyjamas, but once in, the Dunlopillo mattresses, soft pillows, steady drone of the engines and a Nembutal soon induced sleep so that it seemed only a few minutes before the undercarriage bumped gently on the runway and woke us up at 4 a.m. at Reykjavik in Iceland.

By the time I woke again the sun had been up about an hour and we were flying over a desolate country of lakes and pine forests. The lakes were so numerous that the landscape looked like a lattice-work of ice-blue glass with intervening green tracery. There was not a town, not a building, not a hut nor a wisp of smoke to be seen; so it was for hundreds of miles over the wild country of Labrador. Then as we crossed the St. Lawrence about seventy miles, as I could judge, East of Quebec; houses and hamlets and towns began to appear, and fields and fences told us that we were again in contact with humanity.

By eleven o'clock there was a complete blanket of cloud—'ten tenths' is, I believe, the correct expression, and a voice over the loud speaker said, "We are now over New York, but there is so much traffic at the airport that we shall not be landing for another three-quarters of an hour." Round and round we flew, up Long Island Sound which, as we got North and the clouds broke, we could see clearly, and then down towards Atlantic City and finally back to our bank of cloud through which we came into the murk of New York International Airport. The delay had made me rather short of time and I was glad that customs formalities were almost cursory and I was soon in a bus speeding off to La Guardia where I had to catch my connection. At 2 p.m. (Eastern Time) we were off on the long cross-continental trip to Los Angeles. Flying over the great central American plain, there was nothing to be seen but fields of wheat for hundreds upon hundreds of miles, then at 4 p.m. (Middle West Time) I saw the confluence of two great rivers, the Mississippi and the Missouri and rising up out of the plain, like Ely Cathedral from the Fens, the skyscrapers of St. Louis. Alighting from the plane here to stretch our legs, we were met by a blast of hot wind and realized that in the third week in September the climate in the Southern part of the Middle West is subtropical, and from there on we began to shed such garments as were conveniently 'sheddable.' From St. Louis we followed the Missouri to Kansas City then down to Albuquerque in New Mexico which we reached at 8.30 p.m. (Mountain Time). Here, because of engine trouble we were delayed for two hours and transferred to another plane, but this, although it meant a very late arrival in Los Angeles, gave us an opportunity to see the desert and have an excellent dinner at the restaurant at the airport. One more stop at Phoenix in Arizona at 11.50 and then the last hop over the mountains. It was 2 a.m. in the morning (Pacific Time) when I was wakened out of a doze and saw one of the loveliest sights in the world—Los Angeles from the air on a clear moonlit night. The city sprawls over an area about 70 miles by 30 miles and lies in a bay on the seaward side of the San Bernadino Mountains. In the moonlight we could see the dark outline of these mountains over which we had just flown, the surf of the Pacific Ocean creeping in over the beaches, and between them the great city of Los Angeles brilliantly illuminated, sparkling and twinkling in the clear air like some gigantic necklace of diamonds and rubies, emeralds and sapphires.

Gene Stern was there to meet me at the Airport and we drove off to his charming home in the suburb of Santa Monica. We had a cup of cocoa and then turned in, but not without Gene making what was a most revealing remark. " I suppose," he said, " after your long journey you will not want to go to early service tomorrow —I mean today! " On this first Sunday in California I was reminded of what I had almost forgotten, that Americans are great church-goers and in California, it would seem, more than anywhere. We did go to church at eleven and like every other church it was packed, so that you had to get there early to be sure of a place in a pew. Most of the University Staff are regular church-goers and many of the film colony are active workers in church affairs as well as regular attenders. The church is obviously a centre of social life both for adults and, through the Sunday Schools, for the children. The services which I attended were of the Episcopalian Church which are almost identical with those of the Church of England, except for tiny little differences which, because they are so few, are so arresting when they occur —thus we prayed, " Our Father *who* art in Heaven," and while indulging in a little showing off that I knew the *Te Deum* by heart, I got caught out in a different version of " He did not abhor the Virgin's womb " which I hoped nobody noticed. The singing by mixed choirs was of the highest standard and a solo of the anthem " Let there be Peace," before a congregation of many hundreds who sat in wrapt attention, whilst the strong sunlight streamed through the open doors and windows on to the glowing redwood panelling of the church, was a lovely experience which I shall never forget.

But first, let me tell you something about Los Angeles. As I have said it sprawls over a wide area, partly because there is—or was—unlimited space, and partly because the tendency to build upwards which is a feature of other American cities, is limited on account of the fear of earthquakes. Thus within this vast area are Hollywood, Bel Air, Wilmington, Inglewood, Westwood, Venice, Torrance, El Segundo, Santa Ana, Pasadena, Sierra Madre and a dozen other places with mellifluous Spanish names all within the encompassing orbit of Los Angeles: " nineteen suburbs," as it has been called, " in search of a metropolis." Everyone, or virtually everyone owns a car, and there are probably about three million cars in Los Angeles County. Public transport is almost non-existent except on the main boulevards and to get from one district of Los Angeles to another by bus may take five hours. I lived in the " village " of Westwood in an appartment five minutes walk from the University. The apartment consisted of a ' bed-sitter,' a little dining room, kitchenette, bathroom, W.C. and telephone room. I would be called at 6 or 6.30, cook my breakfast, wash up and be ready to be at the hospital by 7.30 when the day very definitely began. When I had time, I would go marketing at Ralph's stores down the street and wandering round the store would fill my wire perambulator arrangement with butter, milk, eggs, bread and other perishable goods, together with such of my stock of coffee, marmalade and so forth which needed replenishing. A ' Frig ' in the kitchen was so efficient that I only used two sliced loaves during the whole month and about three ' quart cartons ' of milk.

The weather? Well, that varied. During the first and last weeks of my stay, when the sun shone, it was blisteringly hot in the middle of the day, but always cool in the early morning, in the evening, and at night. For most of the time, however, we were pestered by the much publicised ' Smog ' which hid the sun during the day keeping the midday temperature low, but irritating the nose and causing the eyes to smart.

They worked me fairly hard, but not too hard. Where everyone is energetic and such is the custom, there is no hardship in starting to operate at 7.30 or to lecture to students at 8 o'clock in the morning. Such activities together with Residents' rounds, participating in discussions and the delivering of public lectures occupied much if not most of my time. I watched operations and I listened to surgeons talking about their views and about their cases, but of these I have spoken elsewhere and as only a few of you would be interested in such technicalities I propose to omit them from this present account.

Opulence !—there must be more wealth in Los Angeles County than any other comparable area in the world ; and the reason—oil and hard work. Of American industry and drive from the top executive to the lowliest labourer, much has been written and certain people in this country will say that they do not really get through any more work than we do, but make much more of a show of it ; that they take long vacations ; that they may start early in the morning, but they finish early too. Don't you believe it. Having paid several visits to the United States and having lived with many different classes of person, I should say that they work *harder* than we do, and they are beginning to think, not without some reason, that if we worked as a nation as hard as they did, there would be less need for economic aid. While some of them, no doubt as ignorant as I am of the problems and intricacies of international finance and industrial organisation, wonder nevertheless why they should go on providing it. However, this is a delicate matter, and to return to a subject which is positively indelicate I shall say something about oil. The recent boom started in Texas where land, so poor in grazing qualities that it took 100 acres to support one head of cattle ,could be bought in vast tracts for little more than ' a song.' Then oil was discovered and, over-night, hard-working and thrifty ranchers found themselves millionaires and the value of their land almost beyond reckoning. Then came the oil-fields of Southern California so that now, throughout Los Angeles County, derricks have sprung up on the sea-shore, in back gardens, on waste lots and almost on the sidewalks. This has produced ugliness in many districts, it has produced ' Smog,' and it has brought immigrants into Los Angeles at the rate of about quarter of a million a year ; but it has brought great wealth. All over Los Angeles County there are arising, or have recently been built, magnificent new hospitals lavishly equipped, luxury hotels, blocks of apartment houses, big stores with merchandise to eclipse the best that London or Paris could show ; and there are, except for unemployables and self-determined indigents, no poor and virtually no slums. Wages are unbelievably high and it may come as some solace to the British housewife to learn that she would have to pay a living-in maid or cook £20 a week in wages in addition to board, give her two hours off each day, one whole day off in the week, a month's holiday in the year, and provide garage accommodation for her car ! Even in Los Angeles it is not surprising therefore that most housewives do without paid help and rely on a " baby sitter " when they want to go to the pictures.

If you are wondering what they do with their wealth, I should say, first of all, that the wealthiest provide themselves with beautiful homes in the Beverly Hills and Bel Air sections. These houses are in a variety of styles with the Colonial or the Spanish types of architecture prevailing. Such as I was privileged to visit are beautifully decorated and contain treasures from all over the world, which pour into Los Angeles as they used to do into Ancient Rome in the early days of the Roman Empire. Walls panelled in the off-white rough-surfaced magnolia are hung with Manets, Renoirs, Utrillos, Cezannes and the equally exciting products of the local artists. Some of the libraries, including that of Dr. Belt, a urologist on the staff of the University and one of the greatest living authorities on Leonardo da Vinci, are full of fine books and priceless manuscripts. In lighted alcoves are the products of the Sung and Ming Dynasties, ' famille verte,' ' famille jaune ' and ' famille rose '; sumptuous, beautiful and in perfect taste !

Then there is the urge to do good, emanating from that characteristic ' brotherliness ' of the Americans which comes from a big heart. Let me tell you a story. Two oil men ' M ' and ' R,' recent millionaires, are calmly undertaking to buy up all the race-tracks on the Pacific Coast. Why ? To make enormous profits and buy more aeroplanes and yachts ? Not a bit of it. Having bought them all up they intend to turn them into charities and devote the proceeds to setting up boys' clubs in the big cities where the lads can box and play games, act plays, read, run around and generally keep off the streets. This will be their little contribution towards the control of juvenile deliquency. Unfortunately their project is meeting with serious objection from the State. Having turned race-tracks into charities they are not liable to tax, and ' M ' and ' R ' are in a fair way to leading to the ruin of the government if they go on behaving in this quixotic fashion. ' R ' bought the New York Central Railroad, but as he never moved without ' M ' and everything they did they did together, he rang up ' M ' to say what he had done and to ask him to come in with him ' fifty-fifty.' Unfortunately ' M ' was on the first tee at Pebble Beach golf-course when the call came through and there were a lot of couples wanting to drive off. He dashed in to the 'phone to hear ' R ' say that he had bought the railroad and the cost would be ten million dollars. Anxious to get back to the tee ' M ' said ' fine,' he was in ' fifty-fifty.' A few days later ' M's ' bankers rang him up to say that they had had a letter from ' Mr. R ' to instruct them that ten million dollars was to be transferred from his account to the broker who was dealing with the transaction, and he wished to confirm that this was in order. " But there must be some mistake," said ' M,' " the price was ten million dollars and my share is five million." "Oh no," said the manager, "the railroad costs twenty millions and your share is ten." "Well," said 'M,' "if you say so I suppose that's all right" and, just about to hang up he caught up the 'phone again, "By the way," he said—"what did you say was the name of the railroad?"!

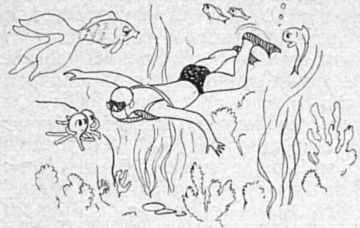
I had to go to San Francisco to give some lectures and there I was entertained by Dr. and Mrs. Naffziger. My bedroom looked out over the Golden Gate and I was enchanted by the beauty of this wonderful city. Like all my hosts in this friendly land, Dr. Naffziger could not have done more to entertain me. Either he or Mrs. Naffziger took me to see all the sights of the city which we viewed first from the top of the Mark Hopkins Hotel in magnificent panorama. Then we went to Chinatown, to Fisherman's Wharf, the "Barbary Coast," Berkeley University and to the little Mission Dolores, nearly the earliest building in San Francisco and one of a series of Missions built at intervals of a day's march up and down the Pacific Coast by the early Spanish missionaries. I was taken to Muir Woods to see the giant redwood trees, the biggest of which in the Yosemite Valley rise, I believe, to 300 feet and are 20 feet in diameter at the base. The ones I saw were slightly smaller, but still magnificent trees towering up to the skies in their massive strength.

Perhaps the most entrancing experience of all was the opening night at the opera with Dorothy Kirsten singing "Tosca." The San Francisco Opera House is magnificent and the audience reminded me of those at the gala performances at Covent Garden before the war. The men were mostly in white ties and tails and although I would wish to have described some of the beautiful dresses of the ladies in my letters home, I could only say that if Christian Dior and Norman Hartnell did not design most of them they should have gone along to get a few ideas. Of the performance itself, I am not qualified to judge, but for me there was beauty and a fine emotional fervour in the music and in the presentation.

During my few days there I was taken for the week-end to the Monterey Peninsular and, if I have not exhausted all the superlatives, surely this is one of the loveliest stretches of coast in the world. It is the home of those championship golf-courses, Pebble Beach and Cypress Point. The home where I was staying was on the edge of the Pebble Beach course and lying in bed at night I could hear the distant, continuous rumble of the Ocean breaking on the sands beyond the fairway. We lunched at Cypress Point Club on the Sunday and visiting the gentlemen's cloak-room before lunch I found Bing Crosby next door to me quietly crooning to himself. This, I thought, will be something to tell them at home. Dr. Naffziger's previous visitor had been Professor Olivecrona of Stockholm, and when he was asked whether he played golf he had said "yes." So a foursome had been fixed up with some members of the club who may have been Leo Diegel, Lawson Little and Bobby Jones, Professor Olivecrona's handicap being about 22 on a good day. Hearing this story and being forewarned I politely declined the invitation to perform, but was disappointed when, on going out to meet the group with whom I was going to play, I heard one lady say to her husband, "Darling, I'm sure you took eight and not seven at the last hole." This sort of golf would have been just what I should have enjoyed.

San Francisco is four hundred and fifty odd miles from Los Angeles and it takes an hour and three-quarters by plane. There is a shuttle service all day long and the flight runs along the coastline over the base of the Monterey Peninsular and over Santa Barbara with the High Sierras far away inland. Back in Los Angeles I returned to duty, with operations, lectures and addresses, but with plenty of "time out" to do interesting things and meet interesting people.

One weekend I was taken sailing in a 37-foot sloop, what we would call a "ten-tonner." My host was John Dillon the head anaesthetist, and his wife and I made up the crew. We sailed from Wilmington, past San Pedro and out into the San Pedro Channel, a stretch of water about twenty-five miles wide between the mainland and the island of Catalina. On the way out through the harbour we saw the San Pedro fishing fleet dressed over-all, for that day was their *fiesta* and the fleet was to receive the blessing of the Cardinal. Some of the bigger vessels had little single-seater planes on their foredecks which they sent up to look for fish. The day was warm with a gentle breeze and we saw dozens of seals lying on their backs basking in the sun with their flippers gently flapping in the air. We saw a shark and a sun fish, but to my great disappointment, no flying fish. Catalina Island is about the size of the Isle of Wight and has one town, Avalon, at the southernmost tip. The rest of the island is uninhabitated and covered by very rough country. Mountains rise to two and three thousand feet close to the shore and their lower slopes are covered with olives, cherry trees and scruboak, while at the back of the white sands there are tall palm trees. We passed close to two rocks covered with guano and picked up a mooring in a quiet anchorage called " Cherry Cove " in about three fathoms. Here, sitting in the cockpit under the stars, we barbecued a steak and enjoyed a large supper, being faintly rocked by a gentle Pacific swell which found its way into the cove.



. . . swim around the bottom

The next morning John and I landed and walked on the island, and later I was introduced to the elements of 'skin diving.' The beginner uses a 'Snorkel' apparatus and can only swim close to the surface, but the experts use an 'Aqualung' and flippers and swim around on the bottom. The water here is " as clear as gin " and we spent an hour or so wandering through forests of waving kelp. The bottom was covered with coral and gaily coloured shells, starfish of brilliant blue and sea anemones, while all around us swam fish of all shapes and sizes apparently quite unconcerned. The prettiest of these was the Garibaldi perch, like a great goldfish; and the most fascinating, baby octopus. With the strong sunshine sending a clear blue light down to the bottom at three or four fathoms, this was in some ways the most beautiful experience that I had.

After lunch we sailed back home in a fresh breeze and in perfect sunshine until we got within five miles of the California coast, when we were enveloped in dense fog. This made navigation a bit tricky, but there is in these parts practically no set and only a four-foot tide, so that a compass bearing took us right in.

" You must," they said, " visit Las Vegas. This place is incredible, fantastic, fabulous and indeed quite unusual." " All right," I said, " when do we start ? " So it was arranged that Jack Pressman, Professor of Head and Neck Surgery, should take Bill Longmire, the Professor of Surgery, and me along in his little Beachcraft Bonanza. The journey is three hundred miles and we were only going for lunch so we had to make an early start. Jack rang me at six in the morning to say that he was very sorry but the Santa Monica Airport was wreathed in fog and we should have to cancel the trip. At 6.45 he rang again to say that the fog seemed to be lifting and could I be down at the airport by 7.30 ? I rang Bill who came round to breakfast and we drove down through billowing mist which appeared to get thicker the farther we got. Jack arrived soon after and we wheeled the Bonanza out of the hangar. Then Bill got in behind and I sat alongside Jack in front. The engine was started and there followed a good deal of business like, " B.N.O. 39 to Control Tower, we are ready to take off, repeat we are ready to take off." " Control Tower to B.N.O. 39 you may take off, you may take off, climb through cloud for one minute then make 90° turn to right, let us know when you are on top." " B.N.O. 39 to Control Tower we will do as you say; what wavelength are they broadcasting football game between Los Angeles and San José ?" " Control Tower to B.N.O. 39 —don't forget to turn right, they are broadcasting game on 310 kilocycles at 2.30." Then we were off. Once on top and not having forgotten to turn right—(I never did discover why this was necessary, perhaps they were bringing in another plane on our course)—once on top we set course for the San Bernadino Mountains and were soon flying with Mt. Baldy to port and Mt. San Antonio to starboard, both over 12,000 feet. In my enjoyment of the scene and in the excitement of the moment I forgot that it is nearly always wiser in life to keep your mouth shut and so stupidly I began to ask questions. " What's that knob for ? " " What's that dial? " " How do you correct for drift ? " and so on. After about ten minutes Jack said " Have you ever flown a plane ? " I replied " No." " Well," he said, " you're flying one now," and with that he swung the " thingummy " over into my trembling grasp and told me to get on with it ! Now, I beg to state, that this was for me a most unusual situation. Fortunately Bonanzas fly themselves, but there is no doubt that if you fiddle with the " what-it's-name " things happen, and it was some minutes before we settled down to a fairly even flight and the horizon became as its name should indicate—horizontal. To Bill's eternal credit he sat quietly in the back seat during all this without uttering a syllable.

We had been routed at 10,000 feet but I found that when I saw a mountain about fifty miles away on our course and then in a few minutes looked at the altimeter I saw that we had climbed imperceptibly to about 12,000 feet. As we were near the atomic test area and any deviation from course or altitude was apt to bring

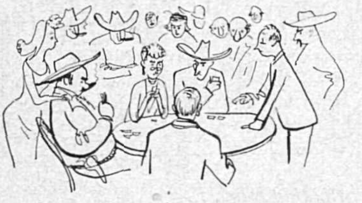
. . . *they are quite something*

up a swarm of army planes who would be delighted to get a little practice at " buzzing " you, these defensive climbing reflexes were followed by a precipitous dive to our correct altitude and so we proceeded in a series of switchbacks over the Eastern foothills of the San Bernadino Mountains. All was quite simple for a time and I had begun to relax and even, I believe, a little smile crept over my features, when we reached the great Mojave Desert, now rendered so familiar by Walt Disney's classic film. Here they have things called 'thermals' which are blasts of hot air rising at the rate of 500 feet in a few seconds. Now I am quite sure that to this air-minded generation thermals are just hay, but to a middle-aged gentleman of somewhat nervous disposition they are quite something! At first I thought some horrible catastrophe had overwhelmed us and suggested that Jack should take over, but he was completely engrossed in the broadcast of a football game out East and just told me to " hang on." I looked to see what Bill was doing and he appeared to be asleep—perhaps he had fainted. After that I tried to imagine that I was taking my boat through St. Alban's race in a moderate breeze and the general effect was so similar that once again I began to pretend that I was enjoying it. On the way we circled the Great Boulder Dam, that immense project which spans the Colorado river and supplies electricity for Southern California. From the same region, three hundred miles away, every drop of water used in Los Angeles is conveyed in a giant pipe line—Los Angeles with its millions of people, its gardens and parks depends for its very existence on the integrity of that long, long pipe. Without it, the land would revert to the desert from which it was reclaimed. Jack took over to bring us down at Las Vegas Airport and there we were three hundred miles out in the desert in the most fabulous city in the world.

Las Vegas is not only the gambling capital of the world, it must be the only city which is entirely given over to gambling. The main street is lined on both sides with nothing but gambling saloons—pin-tables, slot-machines, " vingt-et-un," poker, crap, roulette, baccarat and horse-racing. Thousands of men and women from all over the world mill around, gambling for all they are worth for twenty-four hours in the day. I have never seen such rigid concentration, such appallingly intense application; it was pathetic, it was frightening, but it was irresistibly fascinating. The big hotels are on a scale of magnificence which makes certain home products in the region of Park Lane seem like cheap boarding houses, but in each lounge and even in the dining-rooms there were gambling machines and games being conducted. The profits from this business are enormous so that there are no State taxes in Nevada, the whole territory being financed from the proceeds of Las Vegas. The great hotels are reasonably priced and food and drink is cheap. At certain times and in some saloons champagne and sandwiches will be provided free, anything to get you there, anything to make you gamble whether with a dime or a thousand dollar bill.

As I am the sort of person who never knows when the Derby is being run until the day before when I am bullied into subscribing a shilling to the Nuffield House sweepstake, and Jack and Bill are similarly disposed, the State of Nevada could, in the current phrase, " use no part of us." To watch all this hubbub of activity, however, and to study the types of people who clutched rolls of hundred dollar bills in each hand with frenzied energy, was interesting enough in a macabre sort of way. I am told that Las Vegas is straight—that is there are no crooked tables, and it is clean—that is there is no dope peddling or organized prostitution. Certainly the crowds seemed intensely respectable and men could bring their wives along without offence—either to their wives or to the susceptibilities of the establishment. A few years ago the Chicago gangsters thought that Las Vegas would be a good place to move in on so they sent one " Bugsy " Siegel with a bodyguard of six gunmen to take the place over. " Bugsy " had already bought the great hotel—the Flamingo—under an assumed name and was preparing to take over The Desert Inn and The Last Frontier, when he and his bodyguard met with an appalling accident. They were found riddled with bullets outside their apartment and all quite dead. I am told that in this instance the illegal use of firearms was definitely suspected, and since then no one, not even from Chicago, has thought it worth while to remove those already in control who are obviously so keen on their jobs.

The prevailing décor at Las Vegas is that of " the naughty nineties " and the bad old pioneering days. Covered wagons and old fashioned steam locomotives with bells and enormous inverted pyramids of smoke-stacks line the sidewalks : while within it is mostly red plush, lighting made to look like gas brackets and gilt embossed bar counters to set off the green baize of the card tables. Business goes on for twenty-four hours in the day, but I understand that round about eight or nine o'clock in the morning it is relatively slack and some carpet sweeping and general cleaning up can be done. Most of the famous film stars like Danny Kaye have appeared in one of the many cabarets at Las Vegas. At the time of my visit, Betty Grable, Milton Byrle and Sophie Tucker were billed at salaries between 30,000 and 50,000 dollars a week! When Danny Kaye appeared at the London Palladium at £300 a week and there was all that fuss, he was really doing the job on the cheap for the sake of old friends in this country.

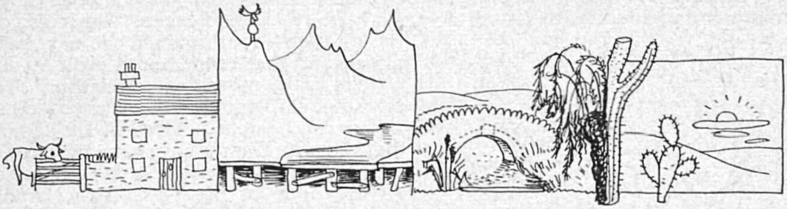


. . . for twenty-four hours in the day

We had lunch at The Desert Inn, took a look at the Flamingo and then motored back to the airport. The flight back was without incident. I was allowed to fly most of the way and, to my secret pride, Jack and Bill went off to sleep. Steering was by compass and this would be corrected for drift from time to time by tuning into the radio beacon at Dackett, which was the halfway house, and navigating on the beam for a few minutes. Looking down on the Mojave (" M'Harvey ") Desert it appeared like the remains of some gigantic furnace which had been left to cool and the ashes were not yet ready for raking out. On the horizon were the High Sierras and ahead the San Bernadino range. Some of the rocks were tinged blood-red with mineral deposits and the distant hills were just that gentle blue which artists love to paint. Although piloting a single-engined plane over mountainous country is not my idea of complete relaxation for a Saturday afternoon, it was impossible not to be affected by the serentity of this lovely elemental world. My enjoyment increased even more when we crossed the California State boundary and my insurance policy began to operate again. When we came to the San Bernadino range Jack took over and to my dismay I saw the whole of Los Angeles county covered with an apparently unpenetrable blanket of low fog. As, however, we came over the area and our angle of vision changed, this turned out to be only a thin mist which we could see through and a radio call to Santa Monica told us that they were " wide open " at the moment but that fog was expected to close in. Indeed we could see thick banks of fog rolling in from the direction of Catalina Island. The Control Tower told us that we had better hurry—but how you hurry in an aeroplane already flying straight home at maximum speed I never discovered. Nevertheless, for precaution's sake we tuned in to the radio beacon at Santa Monica and got the instruments ready to be ' talked in.' When we got over the airport, however, visibility was more than adequate and we made a simple landing.

I must tell you about my 'taxi-jockey.' When I had to operate at 7.30 he would be waiting for me outside my apartment at 7, and if I was lecturing at 8 he would be there with his taxi at 7.30, to take me to the hospital which was some distance from the University. I always sat in front with him and his name was " Al." He was intensely interested in England and, like most Americans, in the Royal Family; but he was also very interested in my job and liked me to talk about the operations I had been doing, particularly gastrectomies which fascinated him. For a week after I had done a gastro-jejuno-colic resection on a case that had had two operations for obstruction performed elsewhere within the last month, he was as concerned for the welfare of the patient as I was and never failed to ask what the pulse rate had been and the volume of gastric aspirate! He himself was a student of philosophy, through a correspondence course, and he said that he had found so many interesting things in the world that " it made you want to live for ever." When he put me down on the steps of the hospital he would always wave goodbye with a " So long ' Doc,' have a happy day." " Al " and I were great friends.

One day I was taken over the M.G.M. studios; Dr. Mark Rabwin, who was this year's president of the Bay District Surgical Society and who was largely responsible for initiating my visit, together with Mrs. Rabwin undertook my entertainment on a most generous scale. Mrs. Rabwin had for thirteen years been assistant to David Selznick at M.G.M. and so I could not have had a better *cicerone*. I saw two films in production: one, a musical, with that delightful person Gene Kelly in the lead and apparently containing numbers to equal his charming terpsichorean renderings of " Singing in the Rain," and " I Got Rhythm " which had always delighted me. We went over their workshops; we drove through Cotswold villages, over artificial rivers, on Norman bridges, under a model of the New York Elevated Railway into the slums of New York and out into an Alpine village, next door to an area covering several acres depicting Damascus in the first century. It was a bewildering and fascinating tour, and I realized at the end of it what a small part the actors play comparatively in the making of a picture!



. . . a bewildering and fascinating tour . . .

But my month was drawing to a close and on the last night Jack Pressman gave a farewell dinner party. His charming and talented wife, better known as Claudette Colbert, had returned from New York and he gathered together in his lovely home on Beverly Hills many of those whom I had got to know so well—Bill Longmire, whose beautiful surgery was a delight to watch and who will be an inspiring leader in the community for many years, and his wife; Gene and 'Libby' Stern who (with their delightful children aged 5, 3 and 1) had welcomed me so warmheartedly on my arrival and who were responsible for the detailed organization of the trip, and others whom I had got to know and to regard so highly. That evening we saw some of the beautiful portraits of women and children that Mrs. Pressman had painted, we discussed the English theatre and the supreme quality of " Genevieve," " Whisky Galore " and " Passport to Pimlico," and we roamed the world with anecdotes and experiences. One little touch revealed the American woman's typically enlightened interest in medical matters: Jack could be heard at the other end of the table describing a man on whom he had performed a big operation who, having had a dozen transfusions, was finally " out of the wood." Mrs. Pressman turned to me and said *sotto voce*—" Provided he doesn't get hepatitis "!

So it all ended—I must have invited a dozen Californians and their families to come and stay with me in London and I sincerely hope they will all come, though if more than a few arrive at the same time I don't know where we could put them. Before catching the ten o'clock plane to New York we had a family party with Dr. and Mrs. Naffziger who had come down from San Franciso to stay with their daughter and son-in-law, the Sterns; we read to the children before they were carried protesting up to bed and we gossiped over the fun that we had had. Then aboard the night plane to New York and a comfortable sleeper—a few hours in New York, which I spent visiting Mark Ravitch, and the night plane to London where, after an undisturbed sleep, we arrived at 8 o'clock in the morning (G.M.T.) or 12 o'clock midnight (Pacific Time), though of what day please don't ask me because time got so muddled round about then, and somewhere it seems to me I have got to make up on eight hour's sleep!

One final note from a scrap of conversation overheard at the home of a big film executive—" If I had sold the shares this morning I should have cleared five million dollars profit." " My dear chap, why on earth didn't you sell them? " " Well, what should I do with five million dollars ? " What indeed! But judging from what you gentlemen of Alta California have already done with your great riches, you would have spent some of it in having fun, some of it would have gone to beautify your home and your city, and a great deal of it would have gone into helping your less fortunate countrymen—a donation to a hospital, to medical research, the gift of a library or a museum, or perhaps a subscription to support your church of which you are so fond and for which, when all is said and done, you are no mean advocate.

(*Miss Sylvia Treadgold drew the pictures.*)

CORRESPONDENCE

Letters to the Editor of the Gazette

The Landon Tea Party

From the Superintendent

DEAR Mr. EDITOR,—I should be grateful if you would call the attention of your readers to the Landon Tea Party, which will be held in the Out-patient Department on Friday, 24th December, at 3.15 p.m. The Fund was originally established by an old Guy's man, Dr. Landon, to provide a Christmas entertainment for 200 or so children of the Borough who have been patients of the Hospital. This party is always a most popular event and is eagerly anticipated for weeks beforehand by all our small friends who look forward to receiving invitations. In course of time the fund has gradually become sadly depleted and we should be most grateful for contributions from any of your readers to enable us to continue to provide this party which has been a feature of Guy's for more than 50 years. Donations should be sent to Sister Out-patients, Guy's Hospital, S.E.1, and she would welcome any visitors who would care to see the party in progress.

Yours sincerely,
W. D. DOHERTY.

Students' Dental Health Service

From Mr. H. H. Kenshole

SIR,—Year by year I was interested to read in the reports presented to the School Council of the great deal of good done for our medical and dental students by the Students' Health Service.

Shortly before the National Health Service came into being a small sub-committee of the Dental Committee considered and recommended a scheme for the institution of a Students' Dental Health Service. It was, perhaps, a visionary view which contemplated one or more well-equipped surgeries, possibly in accommodation in St. Thomas Street, where practitioners supported by adequate staff might provide dental treatment not only for our medical and dental students but also for students of the Physiotherapy and Radiology Departments, and even others. Is it beyond the bounds of possibility that such a service could be financed in part at least, if not made entirely self-supporting, by Executive Council payments?

It was suggested by some that there is no real need for such a scheme since our dental students find little difficulty in having their conservative treatment performed by other students, while their medical brethren seem also to manage somehow to find students at some stage or other of their clinical training to conserve their teeth.

An outcome was the present Nurses' Dental Service within the Dental Department, and this at least is to the good, for who will deny that our nurses are the most deserving of all to have such facilities provided, apart from the fact, which I believe to be true, that their provision is statutorily obligatory.

For the rest, it was suggested that the Students' Dental Health Service might wait for further consideration until after the " appointed day ".

So far as I am aware, there is still no such service.

What a pity !

Yours etc.,
Sidcup, Kent. H. H. KENSHOLE.

The Nurses' Dental Service is, at present, suspended.—Editor.

The Milk Churn

SIR,—As one originally concerned in the capture of the Milk Churn, I have naturally been very interested in the correspondence in the *Gazette* and especially in Alan Moberly's letter, the contents of which are perfectly correct.

After the ticket collector at Vauxhall had passed our carriage, I was "chucked out" to seize the small churn, which had been spotted amongst hundreds of large churns on the platform. Bill Hancock jumped out after me, took the churn from me into the carriage and he and Jim Mudge hauled me back into the carriage.

Amongst others in the carriage, I remember quite well, Bill Hancock, Jim Mudge, Alan Moberly, Jamie Stewart, Pinkie Hunot, G. D. Eccles and possibly

Christopher Dean and I believe that, Hancock, Moberly, Hunot and myself are the only survivors of the episode and whom, I am sure, will support me in hoping that as the result of our efforts in our young days the churn will appear at many more successful Rugger Finals in the future.

Old Studley,
Bournemouth.

Yours etc.,
REGINALD CURLE.

P.S.—Moberly informs me he recently met H. J. Hoby, who reminded him that he was present on the above occasion, which I now also remember very well.

SIR,—Last week I was fortunate to meet Alan Moberly and naturally we had a yarn about old student and rugger days. He told me that he had written you about the " Milk Churn " and its capture from Vauxhall station in 1909. I should like to say that I entirely agree with Moberly in all he says and to say that I was one of the others in that same railway compartment. Last Wednesday, who should I come across in Maidstone but Bill Hancock himself, and of course I mentioned about the Milk Churn to him. He also agreed with Moberly and myself in all details. He also mentioned that the name should be a " Milk *Can* ", although the word " Churn " has been used for many years now.

It was refreshing and stimulating to have such good contacts in such a short time.

219, New Road,
Chatham.

Yours etc.,
HARRY J. HOBY.

Squames from the Skinnery

SIR,—The prototype of the attached script, which was scratched on the back of a wax-model of scabies in the Gordon museum, was scrapped (as it was chipped), and shipped to Shepherd's shop, where the molten moulage assuages the aching of spindled fingers, the itching of which it once depicted. Such a transit (like the fate of the rest of Towne's dump : reclaimed, as reimbirthment, to cast arthristic concrete, to renaice the crumbling balusters of the tower) glories the mundane.

For if it was tooly the vice of Joyce which tort the twisted words, Guy's could claim another craftyman. And what could be more natural than the gradual revolution of an embryo' scrawl (a rash dyscryption), hatched in the museyroom, to the final biblepure version of the Skinnygamp's Wait?

And as it has failed to make a good firm first and lasting impression on a morsoleum as tractable as wax : don't file a flimsy microfilm in fortystates (a meremoreal more inflagrubble than stone), but slide the sillybaubbles off your lapslangue's lipslick : tryall reading alowd.

I rename your neversensetruthfooly,
Shambuglumbling and sobscreepylouse slurprint,

The Skin Department,
Guy's Hospital.

SLAPSTICK MUCHMUMMERY.

THE SKINNYGAME'S WAIT (Tryall reading alowd)

" *Step this way to the museyroom. Mind your hats goan in*!"
James Joyce—*Finnegan's Wake.*

Strip this way for the skinnery. Wash your feet groan in ! Crusty oil ; 'ware o' your nose. And war you a-scene quiver Foeman and stupoys, Piggum the polyglot's perstishing paystintce, aw Mummery's crosspatchtesty ? Positivistic? Seriously ?—Verysickular.—Water blain !

This is the way to the skinnery. Cross the 'all ; where are your notes ? Dossiers de cards which give you a wait in the skinnery. Strip. Greasy's the grip you take of the cards witch hazel away to inskinity. Sit. Sweet is the sip you take of the char which comforts you sitting and gripping the cards which make us a sweated inscinderstry. Pores among the char ladies ! Strip. Sit. Sip. Weary annoys.

Next ! Wart a treat ! Want it free? Wart a gaim ! One to freeze, thaw ice-stick, and Bevan's ways 'a' blissed 'er. Cry o Nikolsky, don't tzanck me. On for a penny, won at a dime, takings in skinnyflint fare. For—

fools may say that till man has gone, and peters mythisable out, there will hang ever all a barberless hair of baldetrash (yeastydate's firm ment a mouldt fur today). But we are the magnum 'opers, wi' moinourown boosiness (oh beer ! Wort again?). And if you want to see the dowlingerst happidermadrome, or the darierst ivor wise done : don't bare er skin to unna lassar thoughtalls, but sip this way for the skinnery, squwantsch our thirst-slake art.

Guy's Hospital Music Club

SIR,—I should like to bring to the notice of your readers a Concert to be given by the Music Club Choir and Orchestra in the Physiology Theatre on Tuesday, 14th December, at 7.30 p.m.

The programme will include :

Symphony No. 26 in E (K.184) Piano Concerto in G maj. (K.453)	*Mozart*
Polovtsian Dances from "Prince Igor"	*Borodin*
Imperial Mass No. 3—"Nelson"	*Haydn*

Mr. Geoffrey Baker, the accomplished pianist from our midst will be soloist in the Mozart Concerto and we welcome as conductor Mr. Bernard Keeffe who sang the Baritone Solos in our Concerts last year.

The Music Club extends a cordial invitation to all members and friends of the Hospital. There is no charge for admission but a collection will be taken during the interval, to defray expenses.

Tickets for reserved seats may be obtained on application to Mr. C. P. Briggs.

Yours etc.,

J-P. VOOS,
Hon. Secretary.

SPORT

RUGBY FOOTBALL

Guy's *v.* Birkenhead Park

13th November

At H.O.P.—Won 8—3

This game well deserved the very favourable reports that appeared in several of the daily papers. It was a dry but very cold afternoon at H.O.P. and made for a very open game which the spectators must all have enjoyed.

Knight and Hackett combined well at half-back and all the back division showed much more attack and thrust than on previous weeks. Hawley had another very good game at centre and Evans some fine runs on the right wing.

Labuschagne made a late decision to play and thanks to his good hooking and some very sound scrummaging by the Hospital forwards the backs were given plenty of the ball. Guy's had also the advantage in the line-outs where Cooke was always to the fore. In the loose the Guy's forwards played well and often gained much ground with their rushes. Van den Berg, Fairweather and Lillicrap were always prominent.

The first score came late in the first half when K. Williams kicked across and Carroll was just unable to gather the ball and Richardson, who was following up well, scored a well deserved try for the " Park ". Shephard missed a difficult conversion.

Soon after half time Guy's really settled down and got the upper hand of Birkenhead Park. Within ten minutes, Hawley made a magnificent opening about 50 yards out and Evans took a lovely pass to score in the corner. Carroll converted with a very fine kick.

Guy's continued to attack strongly and Hackett, Thomas and Hawley were all nearly over About 20 minutes from the end Knight gave a long pass out, from a quick lead, to Hackett who dropped a very neat goal to give the hospital the game by 8 pts. to 3. The " Park " fought back heroically but never looked like scoring. They were unlucky to lose their hooker, Waring, who had to retire from the field ten minutes from the end with a dislocated neck. The whole team wish him a very quick recovery to good health.

Guy's *v.* Cambridge University

17th November

At Cambridge—Lost 0—31

Guy's were not at full strength for this game. Gunn was an absentee and his place was taken in the second row by Smith, and Lee played in the front row in the absence of Fairweather.

The day was cold but the conditions were good for rugby. There was no wind. Guy's had quite a few supporters who had travelled with the team. In the first half there was no notable difference between the two teams and the game was territorially even. Guy's were slower to take their chances and the backs suffered from an erratic service from the scrum. The Cambridge backs did not fare any better than Guy's and only scored one try which most certainly should have been prevented. In addition to this try (which was converted) Cambridge scored a penalty goal and that was all the scoring.

Somehow in the second half the usual rock-like Guy's defence wavered and Cambridge were allowed to score two tries, both of which were converted. Guy's seemed unable to get on the offensive in spite of Labuschagne's good hooking over the present Scottish hooker, MacEwen. The game was played mainly in the Guy's half but one grand movement between Hawley and Thomas might have brought a score but for a knock-on. Guy's were unfortunate to lose Lillicrap with a dislocated thumb and Cambridge wound up the game in storming fashion by scoring three more tries, two of which were converted. Indeed the Cambridge full-back landed seven goals out of nine attempts ; a very good exhibition of goal kicking at its best.

The Guy's forwards worked hard and never gave up against the fitter and faster Cambridge pack who were in full cry, particularly in the last quarter of an hour. Cooke and Glendinning deserve mention for their work and Smith played a sound first game in the 1st XV. Outside the scrum Guy's were not so good. Gwyn Thomas never allowed his opposite number any latitude and often tackled magnificently. Carroll kicked well and acquitted himself nobly under pressure.

Team : D. Carroll, C. E. Evans, M. Lindsey, R. T. Hawley, G. D. Thomas, G. W. Hackett, R. K. Knight, D. C. Lee, N. A. Labuschagne, J. Van den Berg, D. Smith, R. C. Morgan, N. Glendinning, S. R. Cooke, D. Lillicrap.

Guy's *v.* Rosslyn Park

20th November

At Richmond—Won 5—0

After a very hard game on Wednesday against Cambridge, and with four players absent from the pack Guy's did well to beat Rosslyn Park by 1 goal, 5 pts. to nil.

From the start the Park's hard scrummaging forwards carried the play into the Guy's half but their three-quarters never looked like penetrating the Hospital's hard tackling defence, and were further handicapped by the loss of P. Moore after 10 minutes' play.

After 15 minutes' play, from a set scrum in the Guy's half, G. W. Hackett, running wide, broke through the Park defence to pass inside for R. T. Hawley to score. J. D. Carroll converted. The game now became scrappy forward play with neither three-quarter line being given room to move in.

From the restart Park established themselves in the Guy's half and their forward rushes were only stopped by S. A. R. Cooke's falling on the ball, an example which must be followed by the rest of the team. At the same time the ball was coming back slowly to the two halves, both of whom, being harried by opposing forwards, continuously failed to find touch. D. E. Catfield, the Park full-back, often drove the Hospital back 20 yards by his accurate touch-kicking.

The Park three-quarters were receiving the ball from the loose but their movements were always aborted by hard tackling. The Guy's three-quarters on the other hand received the ball from the tight scrums or line outs and in spite of the greater difficulty in mounting attack from these positions always looked the more menacing of the two lines although they were unable to break through again. The game finished with the Guy's pack, having withstood the onslaught of the Park's pack, retaliating and carrying the ball away from the Hospital half by some useful forward work.

I. D. Hudson was unfortunate in having to leave the field with a finger injury.

Team : J. D. Carroll, G. D. Thomas, C. E. Evans, R. T. Hawley, M. Lindsey, G. W. Hackett, R. K. Knight, J. S. Van den Berg, N. A. Labuschagne, D. K. Fairweather, D. M. Smith, I. D. Green, M. London, S. A. R. Cooke, I. D. Hudson.

HOCKEY

INTER-HOSPITALS CUP—1st ROUND

Guy's *v.* St. George's

Motspur Park, Wednesday, 17th November

Won 5-3 (after extra time).

As was the case last year, our first round opponents in the Cup were St. George's Hospital, and worrying opponents they proved to be.

D. Linahan made a welcome return to our team, replacing the absent Mackenzie, and extremely well did he serve Guy's ; it is fascinating to observe what a player of such high class can do to a team, even though he be not one of its regular members.

Although, owing to dampness, the pitch was too wet to roll and was thus bumpy and heavy, the game maintained a surprisingly high standard.

From the start St. George's pressed hard, with some dangerous passing movements, and within five minutes had scored, after Clarke had hesitated in leaving his goal to meet the ball on the edge of the circle. Following this, Guy's began to move the ball about, and play was maintained in the St. George's half for long periods. This was not enough, however, and the chance of building a convincing lead was lost through poor finishing in the circle by our forwards. It was not until the closing minutes of the first half that Millar eventually levelled the score for Guy's, after a shrewd pass by Paul, following a neat dribble from the half-way line.

The second half began with both teams well in the game, and St. George's soon regained their lead. Guy's were now playing below their potential, and slowness and poor passing were making the situation look desperate for us.

However, our defence held firm during this lethargic period, and the reliable Laney was an impenetrable barrier to St. George's forwards. With the approach of the final whistle becoming rapidly imminent, Guy's slowly began to play better hockey, and with but a few minutes left, Cooke scored from a rebound off the post by Millar, thus levelling the score 2-2. St. George's now rushed the ball to our goal and it was only due to a desperate scramble and the intervention of Clarke's stick that we prevented any further score.

Thus we started on ten minutes extra time each way, and it was not until now, amid gathering gloom, that Guy's played their best game. We really got down to the task, and two quick goals were scored, one by Millar, the other by Willis. This seemed temporarily to demoralize St. George's but in the second period of extra time their right wing was unmarked, whence he raced through to score another goal. The game was now hard on both sides but Guy's were the better combination and we put the result out of question when Willis scored his second goal, thus giving us a 5-3 victory.

The Guy's team must now realise that goals win matches and that although five goals is a splendid total, they were not all scored during normal time. Cooke and Hall played well on the wings ; many chances were missed, together with some bad luck when the ball hit the post on several occasions.

The defence was adequate, but all three goals could have been prevented by closer marking and reliable goalkeeping. Laney was the outstanding player on the field, while Linahan was an inspiration at centre-half. Clarke kicked extremely well at times but was deceived on three vital occasions.

Team : N. Clarke ; H. M. Tuddenham (Capt.), D. R. Laney ; R. Elsdon-Dew, D. C. Linahan, W. R. Knapman ; J. J. Hall, J. I. Millar, M. F. Willis, R. R. Paul, N. R. Cooke.

Saturday, 27th November

Guy's *v.* Merton

H.O.P. Won 6-1.

Guy's 3rd XI *v.* Chelmsford 3rd XI

Away. Won 4-2.

Wednesday, 1st December

JUNIOR CUP—1st ROUND

Guy's 2nd XI *v.* St. Thomas's 2nd XI

H.O.P. Lost 1-3.

Saturday, 4th December

Guy's *v.* Crostyx

H.O.P. Won 2-0.

Guy's 2nd XI *v.* Crostyx 2nd XI

Away. Won 6-1.

Guy's 3rd XI *v.* Kingston G.S. 3rd XI

Away. Won 7-4.

Captained by Keith Tyrer, the 2nd XI have been having a most successful season, and their record thus far merits attention.

In club matches the team are unbeaten, having scored a total of 33 goals with but 7 against them, in eight matches. This reflects the play of a side strong both in attack and defence.

Among the forwards D. Bevan-Thomas, a newcomer to Guy's, has the prolific record of having scored 14 goals in six games. R. H. Podd, another fresher, has added sound skill on the right wing, while M. H. Cox is a player who is continually threatening to join the 1st XI by his performances. W. R. Eggington is a zealous worker at right half, and what he lacks in skill he makes up for in keenness and energy. In Tyrer and Russell, the team have a pair of reliable and hard hitting full backs who are an inspiration in their solid defence.

The only shadow on this fine record is the unaccountable loss in the first round of the Junior Cup competition to St. Thomas's 2nd XI. This was the more unfortunate, as we have won this cup for the past four years, and it had looked especially safe this year.

LADIES' HOCKEY

Guy's v. Birkbeck College

Result : Won 4-1

TABLE TENNIS

Guy's *v.* Imperial College II

23rd November, 1954.
Result : Lost 4-5.

This match, in the Caribbean Cup (Knock-Out) Competition, our first this season, resulted in this narrow defeat. The match was already decided by the result of the eighth set, when I.C. were leading 4-3.

Team: A. Akiwumi, P. Kurland, J. McCormack.

Guy's *v.* Northern Polytechnic IV

25th November, 1954.
Result : Won 10-0.

The home team was in very good shape and all games were easily won.

Team: J. Jaworski, A. Akiwumi, P. Kurland.

Guy's *v.* Trinity College of Music
30th November, 1954.
Result : Lost 3-7.

A major change in the composition of the home team could not prevent our defeat. Trinity leading 4-1 at an early stage, it was soon evident that victory was not going to be ours on this occasion.

Team : A. Lewis, D. Selman, P. Kurland.

Guy's *v.* Goldsmith College II

2nd December, 1954.

Result : Won 9-1.

Our opponents in this match picked up considerably during the second half of the match, but were not able to prevent us from winning this handsome victory.

Team: P. Kurland, J. Jaworski, A. Akiwumi

HOSPITAL INFORMATION

APPOINTMENT VACANT

Applications are invited for a post of **Research Fellow in the Ear, Nose and Throat Department.** The candidate will be required to conduct clinical research into problems connected with hearing, under the direction of the Surgeons of the Department. A higher qualification is desirable but not essential. Salary £850 per annum. Applications, with the names of three referees, should be sent to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **31st December, 1954.**

HONOURS

MEDICAL ASSOCIATION OF SOUTH AFRICA

Mr. L. R. Broster has been awarded the Bronze Medal of the Medical Association of South Africa in recognition of his "great services to the Association and to the Medical Profession of South Africa in general".

SOCIETY OF MEDICAL OFFICERS OF HEALTH

M. D. Warren, M.D., D.P.H., D.I.H., has been awarded the annual prize of the Metropolitan Branch of the Society of Medical Officers of Health for 1953-54 for a Paper on "Housing Priority and Mental Illness".

APPOINTMENTS

G. M. Evans, M.D., M.R.C.O.G., appointed Consultant Obstetrician and Gynæcologist to Farnborough Hospital and Bromley Group.

GUY'S HOSPITAL

ASSISTANT DENTAL HOUSE SURGEONS

General Duties : Mr. A. N. Greenwood ; Miss A. F. P. Pountain ; Mr. P. L. Cumming ; Mr. J. Metcalf.

Children's Department : Mr. J. Metcalfe ; Miss S. A. Hutchinson.

Preventive Dentistry Department : Mr. N. P. Thomas.

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3s. 6d. to 6s. 6d. per dozen including envelopes (postage 6d. extra). Early purchase advisable. Apply : The Manager, Guy's Hospital Gazette, 6, St. Thomas Street, S.E.1.

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Special rates for Guy's staff, students, nurses and subscribers to the Gazette 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates

1 line 6s., 4 lines 20s. Box Numbers 9d. extra.

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SHERLOCK HOLMES AND DR. WATSON. 2s. The Hound of the Baskerville's 1s. Reprints available from *Gazette* Office.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etching Framed (personal collection only). 7s. 6d. each. **WELCOME CHRISTMAS GIFTS.** The Manager, *Gazette* Office, 6, St. Thomas Street, S.E.1.

For Sale

DENTAL EQUIPMENT (from West End Practice) suitable for branch surgery : going cheaply as principal is retiring. Chair, cabinet, Cable engine, fountain spittoon, one four point lamp, instruments, etc. May be seen by appointment. Box No. 80.

BLACK MINIATURE POODLES. 12 weeks. Dogs, 15 guineas. Box No. 79.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1

PASS LIST

UNIVERSITY OF CAMBRIDGE

M.D.

G. Hildick-Smith

ROYAL COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS

Diploma

A. A. Craigen
G. R. C. Deacon
K. R. Heber
E. R. Herst
H. A. Hurwood
W. G. Lewis
Jack Palmer
W. N.-B. Parker
P. S. B. Russell
B. A. Tudgay
Ingeborg R. Wiernik
F. R. H. Wrigley

NURSING NEWS

Sister B. F. Pickard appointed to Guy's Staff.

Sister W. F. Morgan to be assistant Sister Tutor.

Appointed : S/N T. Cook.

Left : Sister S. B. Pegler ; S/N M. M. Welchfield ; S/N B. J. Ridles ; S/N D. A. Cowan.

Final State Examination

October, 1954

N. Y. Allan
H. Alliston
A. I. Andrews
J. Armstrong
R. A. Brown
S. A. Bull
M. Burrows
E. A. Butler
S. Cairns
D. G. L. Carter
A. M. Christmas
P. Clark
C. Cooper
W. M. Copestake
M. D. Cousins
R. E. Cowell
A. L. David
D. Davies
M. Dawes
C. Duffield
C. F. Endersby
J. E. Everden
M. J. Francis
R. L. Greaves
A. I. Gregson
P. S. Grieve
E. L. Z. Hawkins
S. M. Hockin
R. H. C. Hodgson
S. Hodgson
J. M. Horne
R. M. Hough
B. F. C. Humphrey
S. Hunter
M. S. P. Jay
J. A. Jewell
V. Johnson
B. A. Jones
A. G. Joscelyne
K. Keane
J. Lingwood
P. J. Lloyd
M. Lovering
P. A. McCormack
M. M. Martin
S. K. Martin
L. A. Mitchem
E. E. Morris
M. B. A. Moss
P. Nicholson
S. C. M. Oates
E. M. O'Leary
B. L. Paynter
M. G. Ray
M. Restell
I. L. Robertson
F. E. M. Robinson
M. C. B. Robinson
M. T. Stewart
R. E. Tabor
F. A. Warren
M. W. Watson
O. M. Welch
W. E. Wilson
O. J. L. Lewellen
M. D. Freeman
M. A. Merriman
R. M. Sainsbury
S. N. H. Thompson

Sick Children's Register

N. M. Martin
A. R. Turner

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Parfitt, Gilbert J. Variations in the Age of Shedding of Deciduous and Eruption of Permanent Teeth. *Dent. Rec.*, 1954, **74**, 279.

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Worster-Drought, C. Myotonia Acquisita. *Proc. R. Soc. Med.*, 1954, **47**, 913.

CHANGES OF ADDRESS

H. M. Baird, M.B., B.S., D.Obst.R.C.O.G., Burton House, Romsey Road, Lyndhurst, Hants. (Tel. Lyndhurst 17).

K. J. Zilkha, Lt. R.A.M.C., Station Hospital, Moascar, Canal Zone, M.E.L.F. 710.

BIRTHS

HARVEY.—On 22nd November, 1954, to Sheila (née Phelps), wife of Warren Harvey, M.R.C.S. L.R.C.P., F.D.S., a daughter, a sister for Janet and Francis.

LOEB.—On 10th November, 1954, at Nuffield House, Guy's Hospital, to Jocelyn (née Bennett, S.R.N.), wife of J. A. Loeb, M.B., B.S., a son (Stephen Joseph).

MOFFAT.—On 7th December, 1954, at Guy's Hospital, to Audrey (née Wride), wife of R. J. R. Moffat, M.R.C.S., L.R.C.P., a son (Jeremy Guy) a brother for Pamela Jane.

MARRIAGE

MORGAN—LLOYD.—On 19th November, 1954, at St. Michael's Church, Minehead, Somerset, Richard Cresswell Morgan to Shelley Douglas Lloyd, S.R.N.

DEATH

WORNUM.—On 30th November, 1954, suddenly, Eric Wornum, M.B., B.S., of 8, Fitzhardinge Street, W.1.

**EDS. { B.B.D.T.
P.S.B.**

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVIII No. 1733 25th December 1954 *One Shilling*

PASSIM

OUTSIDE in the night, across a quarter of a mile of streets houses and market, the bells of Southwark peal. Somewhere in the dark above the glare of the gas lamps of London Bridge the tower quivers as they ring. Below and beyond lies the silent Thames. There is nothing very new about such a scene. Most of the streets and many of the houses have seen a hundred Christmases or more. Only the grimy railway whose coming drove our companion hospital of St. Thomas from its old home across the way, boasts less than a century of life. For the old cathedral ten times that age would be a fair estimate. Christmas is twice as old again. Only the Thames is older still.

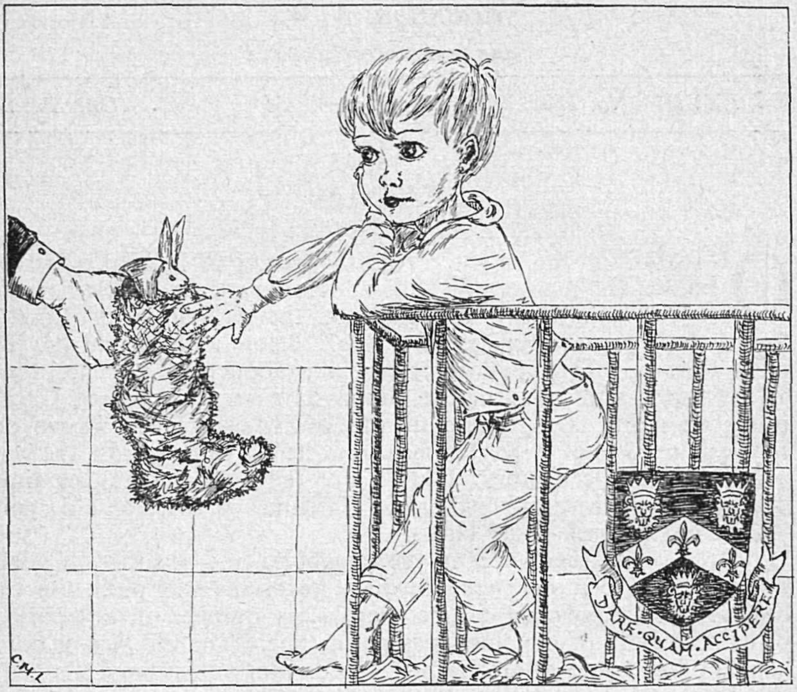
How small then, appear the squabbles and rivalries of 1954. Even the puffed atomic era of which historians will place the true beginning in these past twelve months, is dwarfed in comparison with the dignity of the slow passage of time. The old year is going home. The ‘ truce of Christmas ’ speeds him on his way.

In these pages during 1954 we have, in turn, been truculent, provocative, and frankly dull. We offer no apology for variations in theme or sharp contrasts in quality. Sitting here tonight writing the last *Passim* of 1954 the Christmas bells serve to provide, with their cascade of sound, a kind of vibrating backcloth to the life at Guy's Hospital of which the *Gazette* from time to time records a small part. There can be no dispute about the lights, the decorations, the food, the good cheer which we see on all sides again this year. To those who cannot go home at Christmas, be they patients, nurses, doctors or staff, we send our warm greetings. To them and all our friends or enemies

A Merry Christmas, we say—*and a Happy New Year!*

The bells peal on. The old year is going home. As he went on his way nearly two thousand years ago, we think he must have paused and lifted back the covering from a manger bed. If, as he stood there, his eye was suddenly dimmed it was not because he had come to say goodbye, but because the child he saw lying there had roused in him fresh hope for a New Year and for Christmases to come.

Readers of the *Gazette* will be pleased to hear that Dr. Boland is making an excellent recovery from the results of his accident last autumn. He is still in Guy's though he hopes to be going home temporarily for Christmas. Everyone will want to join us in wishing him a speedy and full recovery during the New Year.



Christine Leach drew the picture.

Readers may remember that a party of Guy's students visited the Birmingham Hospitals in the Spring of this year and ever since then we have been looking forward to entertaining our former hosts. This return visit by the Birmingham students was made last week. A party of some fifteen students came for three days and visited operating lists, a Combined Round, a rugby match and various other functions around the Hospital. Mr. Atkins, who acted as host, entertained the whole party to cocktails at his home. The Medical School and of course Mr. Cook in particular, gave great encouragement and help to the organisers.

On the Saturday we were delighted to see Mr. A. L. d'Abreu who was so good a host to the Guy's party on their April visit. He came down to conduct a Surgical Departmental Round which was greatly enjoyed by a large audience.

We hope that there will be many more exchanges such as this. In the London Hospitals we hear far too little of what is going on in other medical centres. Certainly, at Guy's, the British provincial medical schools are less known than is the Johns Hopkins.

We welcome Dr. Hardwick back from his stay at Baltimore. This year as always Guy's has sent good envoys.

We record with regret the death of Mrs. MacNaughton-Smith who has been head teacher of the Guy's-Evelina L.C.C. School for the last few years. We express our sympathy to her family and colleagues.

So hard pressed for orthopædic apparatus were the take-in firms last week, that when a cross beam for a balkan frame was needed some of the dressers had to search in the area behind the counting house, which once was St. Thomas's churchyard, before a plank of suitable length for the job was found. Surely something is amiss when derelict churchyards must be scoured in order to provide equipment for the wards?

Many of our younger readers may have wondered why the Front Surgery (sited as it now is well to the back of the Hospital) is so called. In our correspondence columns today we publish a most interesting drawing done some 45 years ago, together with a letter from Mr. Arthur Crook. The explanation is there. Mr. Symonds (later Sir Charters Symonds) whose name figures so prominently in the drawing, was of course the father of our own Sir Charles. Incidentally, 30 surgical take-in cases during a week would seem to us a fairly large number. But as Mr. Crook modestly remarks, "we used to get through the work all right."

The weeks since the last issue of the *Gazette* was published have included two very enjoyable musical occasions. One, the Music Club's autumn concert, is the subject of an article on p. 518. The second was a recital given by members of the lay staff of the Hospital. This took place in the chapel and was greatly enjoyed by the audience. The programme was pleasant and the two ladies who sang solos at very short notice indeed deserve the highest praise. Altogether a most enjoyable occasion.

Although in this Christmas issue we should not be in a carping mood, we really feel that Mr. Vickers' comments in his criticizm of the concert deserve study by the Hospital and School staff and students. The exasperating lukewarmness with which cultural activities at Guy's are supported is a disgrace to us all. Enthusiasm for performance and appreciation is not a shameful thing. Let us give more support next year.

The inside of the Hospital is now quickly changing its conventional aspect. Decorations and decorators clutter and cluck, lift and laugh. Next year we shall print our impressions of our annual *Tour of the Wards.*

GUY'S DIARY

DECEMBER			Exhibition. Department of Surgery. *Amputations.*
30th	Th	1.00	Mr. S. H. Wass. Clinical Lecture. *Surgical Judgment.*
		5.00	X-ray Meeting. Gordon Museum.
JANUARY			Exhibition. Department of Surgery. *Haematuria.*
1st	S		Rugby 1st XV *v.* Old Merchant Taylors (Croxley Green).
3rd	M	1.00	Mr. J. B. Blaikley. Clinical Lecture.
4th	T	1.00	Sir Charles Symonds. Clinical Lecture. *Epilepsy.*
6th	Th	1.00	Mr. Grant Massie. Clinical Lecture.
		5.00	X-ray Meeting. Gordon Museum.
7th	F	2.15	Combined Round. Pre-clinical classroom.
8th	S	10.00	Mr. Robert Cooke (Bristol). Departmental Round. Clinical Theatre.
8th	S		Rugby 1st XV *v.* Wasps (Sudbury).
10th	M	1.00	Dr. V. E. Lloyd. Clinical Lecture. *The Early Stages of Syphilis.*

CHRISTMAS ARRANGEMENTS, 1954

Christmas Day.	No visiting.
6 a.m.—7 a.m.	Nurses' Carols in the Wards.
7 a.m.	Holy Communion, Hospital Chapel.
7.30—8 a.m.	Breakfast.
8 a.m. and 9 a.m.	Holy Communion in Southwark Cathedral.
12 midday	Patients' Dinners.
12.45 p.m.	Nursing Staff—Dinner in the Wards—except for the Nursing Staff from Victoria Ward, Nuffield House and the Surgery.
3.30—4.30 p.m.	Teas—Patients and Staff in Wards.
7.45 p.m.	Staff Suppers in Wards.
Sunday, 26th December	
3 p.m.—4 p.m.	Visiting in Wards.
Monday, 27th December	
Boxing Day	Patients' Visitors' Teas in the Wards.
3 p.m.—4 p.m.	(2 visitors each and Nursing Staff.)
JANUARY, 1955	
Tuesday, 4th January and Thursday, 6th January	
9 p.m.—1 a.m.	Nurses' Dances in the Nuffield Nurses' Home.
Tuesday, 11th January	
7.15 p.m. or 7.30 p.m.	Sisters' Dinner, Nurses' Home.

NURSES' CHRISTMAS COMPETITION

This year the *Gazette* is offering a prize of £2 2s. for the best account of Christmas at the Hospital written by a Guy's nurse or any nurse attached to the Hospital at that time. The competition is open to all nurses of staff nurse or more junior status. Essays should not exceed 600 words in length. The prize will be awarded to the account which, in the Editor's opinion, best describes the Christmas festivities this year, and if suitable will be published in the *Gazette*. The closing date is 30th December. Entries should be addressed to the Editor and may be left at the Front Lodge.

OBITUARY

ERNEST ARCHIBALD LONGHURST, M.R.C.S., L.R.C.P., L.D.S.

We announce with regret the death of Dr. E. A. Longhurst, of Upper Wimpole Street, on 21st November. He qualified in 1901 and had practised in London during his professional career. During his time at Guy's he was a rugger blue and indeed a very enthusiastic all-rounder excelling in athletics. He was, in his later years, an expert shot and a keen fisherman. His son, Mr. G. B. Longhurst, also a Guy's man, is in dental practice at Minehead, Somerset. We would like to express our sympathy with his family in their bereavement.

HARRY LOUIS BRUNOW, F.R.C.S.

This additional note comes from P.D.V.H.

The news about Harry came as a shock to me. He was a great personal friend of mine at the Hospital and no one knew him better than I. He was certainly the ideal half-back partner, always ready to encourage and always blaming himself for dropped passes although the pass itself was erratic. He never missed an opportunity of opening out the game and played it in the true spirit of sportsmanship. During the period he was associated with hospital rugby, he certainly gave it the uplift it needed in those years just after the war. I remember how proud he was when we won the Hospitals' Cup under his captaincy, and I believe this partly made up for his disappointment at not being allowed to play.

I know he was very pleased with the presentation made to him by the club and it was a very nice gesture on their part. I expect his family will be very proud of it and I hope they realise in what high esteem he was held in Guy's by those of us who knew him on and off the rugger field. I was associated with the Hospital rugger side on and off for about ten years (apart from war years) and I should say in my humble opinion we had no finer captain and he was certainly the finest outside-half I was ever privileged to play with.

There are numerous memories I have of him, and these will remain with me for ever. He was a wonderful character and an outstanding personality and will be sadly missed by all who knew him.

Sixty Years Ago

From Guy's Hospital Gazette, 29th December, 1894.

CHRISTMAS AT GUY'S . . . The Surgical wards, from their very age and architecture, lend themselves to decoration with very little difficulty . . . From *Patience* to *Dorcas* is like stepping from the simple home of the cottager to the boudoir of the æsthete . . . *Dorcas* has always prided itself, and justly, we think, on the delicacy of its decorations, and by the employment of exquisitely tinted yellow paper, interspersed with chrysanthemums, moss and evergreens, the decorators have produced a design which makes the fireplace especially one of the best adorned in any of the wards . . . From *Job* we proceed to *Lydia*, which also is beautified with festoons of ivy hung round the entire ward and prettily draped round fireplaces and gas brackets with yellow and green material . . . After being refreshed with the cup that cheers, we adjourned to *Clinical*, where, in accordance with an ancient custom, revived this year, the Staff and Students were to meet at tea. Here, amidst picturesque surroundings, we found Dr. Wilks and Mr. Durham the same as ever ; Drs. Hale-White, Perry, and Pitt, Messrs. Golding-Bird, Symonds and Lane also being present . . . The second half of the lengthy programme was commenced in *Charity* with the " Alabama Coon ", the chorus of which was most effective. Spon then gave us " Macnamara's Band " again in killing style. The niggers were here once more regaled with the ever-welcome tea . . . On to *Luke*, where Fagge sang " The Old Folks at Home " with much feeling, and Spon convulsed everybody with his weird story about " The Horse in the Middle of the Tube " . . .

AN EVENTFUL "LOCUM"

By PHILIP TURNER, M.S., F.R.C.S.

"*I sometimes wish that I had not had the good fortune to get my first book accepted immediately, for then I should have continued with medicine; I should have got the usual hospital appointments, gone as assistant to general practitioners in various parts of the country, and done locums; I should thus have acquired a mass of valuable experience.*" (Somerset Maugham. *The Summing up*, Sec. 44.)

FOR a short time after I had finished my house appointments at Guy's, I was at a loose end and filled up the time with engagements as locum tenens, most of which provided valuable and useful experience.

On a dull and depressing winter afternoon in the early 1900's, I was in the smoking room in the College, having just finished one of these jobs, when the manager of the Hospital agency for the supply of locums (who was also an assistant Clerk to the Governors) came in and asked me if I could go to Chesterfield at once to act for a few days as locum for the house surgeon at the hospital, who was laid up with an infected finger. On enquiring the precise meaning of "at once", I was told that there was a train from St. Pancras at about 5 o'clock. I was rather taken aback but, as the district was new to me and as the hospital work in a busy mining and manufacturing town would probably be both novel and interesting, I decided to go. A telegram was sent to the Hospital secretary and I started off on what proved to be the most remarkable and dramatic of my locums, and which, instead of being for only a few days, lasted for four months.

It was snowing heavily the whole evening and the railway service was disorganized so that it must have been nearly midnight when I arrived. There was no one to meet me and no vehicle was available; so I had to struggle to the hospital, fortunately only a short distance, through snow about a foot deep. I was received by the Matron, who told me that a member of the hospital staff had already done the routine night round and that everything was all right; no patient was seriously ill and there would be nothing for me to do until morning. As the house surgeon whom I will call Dr. X, was occupying his own bedroom, a side ward had been prepared for me for the night.

Next morning I was shown to the house surgeon's sitting room for breakfast. It was a nicely furnished and comfortable room, with a second door opposite that by which I had entered. I had just sat down when I became aware of an unusual noise. Someone was talking now in a low confused muttering, and then the voice raised almost to a shout. This was accompanied by the sound of someone continually tossing and moving about, but I could not be sure whether the noise came from above or from some adjacent room. Though on the night before I had been told that there was no one seriously ill, it was obvious that somewhere there was now a delirious patient who presumably was very ill indeed.

Then suddenly the second door was flung open and a very big man, 6 ft. 3 ins. in height and broad in proportion, more or less attired in pyjamas, brandishing a hockey stick, staggered into the room shouting "Where are the ———s, where are the ———s, let me get hold of them and I'll knock their ——— heads off". When I had recovered from my surprise, it occurred to me that this might be the house surgeon whom I was to replace and I wondered what sort of reception I might get. He was just in front of the door by which I had entered so, keeping the table between us, I asked if he were Dr. X. He admitted this, so I proceeded to introduce myself and told him that I had come to do his work while he was ill. To my surprise, he pulled himself together and answered with some incoherent words of thanks. Then I suggested that he should give me the hockey stick and I would see that no one came in to annoy him. Having succeeded in this, I told him that he was too ill to be wandering about and persuaded him to let me help him back to bed.

Now, not only was the hospital quite strange to me but I did not know the name of any member of the staff, including the surgeon who had been looking after Dr. X; so taking advantage of the lull, I sought out Matron who told me that Dr. X was the patient of Dr. Albert Green, the senior surgeon. An urgent message quickly brought him to the hospital and he was astonished at the change in his patient since the preceding afternoon. Dr. Green was an old Guy's man and in addition to being senior surgeon, was the coroner for the district, which today strikes one as rather an unusual combination. Dr. Green was very well read and very keen on his work but was very absent-minded and occasionally somewhat eccentric which made him sometimes appear rather unpractical. He was very kind and considerate to me and we quickly became great friends.

I now heard something about Dr. X and his illness. He was an old rowing blue but had become a very heavy drinker and on one previous occasion had an attack of delirium tremens. He now had erysipelas, starting in an infected finger and then rapidly extending to the arm. He was now removed to a side ward with special nurses and a hospital porter always within call to help in moments of emergency.

During the next few days he got steadily worse; the erysipelas extended to his chest and back; there were rigors and pyrexia, with many attacks of violent delirium. It became clear that the infection had led on to septicæmia and also to a recurrence of the delirium tremens. All the orthodox methods of treatment were tried with little or no effect and it must be remembered that it was long before the days of penicillin and the sulphonamides. The prognosis was desperate. Dr. X's father, who was a doctor in a small Yorkshire town, was sent for and two or three days later, having realized the grave condition of his son, suggested to Dr. Green a consultation with some physicians from the neighbouring big cities. Accordingly, next day he arrived with physicians from Sheffield, Leeds and Bradford. They examined Dr. X most carefully especially seeking, without success, for some localized collection of pus. They could make no suggestions and regarded the prognosis as quite hopeless.

Shortly after they had all left, it quite suddenly occurred to me that there was one drug, paraldehyde, which had not been tried. It was a new addition to the pharmacopœia which I had seen used with good effect in one or two cases at Guy's. So I ordered ʒii, the maximum official dose, to be given with some Pot. Brom. in two ounces of water. As there was no paraldehyde in the dispensary, the dispenser had to get some from a chemist in the town. Later I was hurrying to an urgent call from one of the wards and I was passing the dispensary when the door opened and the dispenser asked me if I was going past Dr. X's room, and as I was doing so he handed me a bottle which he said contained the draught and asked if I would give it to the nurse. I regret to say that owing to my hurry and the darkness of the passage, I did not look at the label but handed the bottle to the nurse and asked that the draught should be given at once.

Then again after a short time the dispenser reappeared in a very agitated condition and told me he had accidentally given me the bottle containing two ounces of paraldehyde which he had obtained in the town, having added the bromide to water in another similar bottle! We rushed off to Dr. X's room, which now reeked of paraldehyde. He was a very bad colour and quite comatose with stertorous breathing. I thought that this was the end and that the only thing I could do was to get in touch with Dr. Green in his dual position as surgeon and coroner. I cannot remember what treatment (if any) was tried, but after 24 hours of coma, Dr. X recovered consciousness; the delirium and restlessness had disappeared and he was quite sensible. The infection gradually cleared up and though very weak, he eventually recovered completely.

Dr. X now became an excellent patient, cheerful, grateful and helpful. Behind his illness there was a background of romance of which I was ignorant at the time. He had been very devoted to one of the sisters who had also been his special nurse during the acute stage of his illness and had actually given him the paraldehyde. When he was finally discharged, their engagement was announced and some months later they were married. She thought that she had sufficient influence over him to keep him from the drink and actually did so for a time, but later he resumed his old habits and died in a few years.

I wondered afterwards what would have happened if the overdose had been fatal. I suppose that the inquest would have been held by the deputy coroner because Dr. Green, though he had nothing to do with the paraldehyde and had given me a free hand with drugs and treatment, was the surgeon in charge.

But before leaving Chesterfield I did have to give evidence at an inquest conducted by Dr. Green which provided an example of his absent-mindedness and eccentricity. There had been an accident in a colliery and a man was seriously injured. He was brought to the hospital but died on the way. I had to give evidence at the inquest and was duly sworn. Dr. Green asked me the usual questions in his most judicial and formal manner. What was my name? Was I a registered medical practitioner? My qualifications? What position I held at the hospital? Was I on duty at the time, etc.?

Then there was a pause and with a pleasant smile and in his ordinary voice and manner the following conversation took place. "By the way T, are you doing anything particular this afternoon?" I was very puzzled and replied, "No Sir, nothing in particular". "Well, how about coming for a cycle ride with me to Haddon Hall?" I replied that I had to be back early as I had to see out-patients and that would not give me much time.

"Well, that's a pity, but never mind, we will arrange some other time later on."

Then there was another pause and the resumption of the formal voice and manner—"and was the man quite dead when he arrived at the hospital?" . . . etc.

The visit to Haddon Hall did take place before I left Chesterfield.

MUSIC CLUB—AUTUMN CONCERT

On Tuesday, 14th December, the Music Club autumn term concert was given in the Physiology Theatre. The programme was of works by Mozart and Haydn, in each case outside the normal concert repertoire.

The first work was an invigorating march by Mozart. The orchestra, the largest assembled by the Music Club for some years, with complement of brass and percussion, seized the opportunity to give the concert its best possible start. Although largely comprising musicians from outside the Hospital, it was gratifying to see a majority of Guy's players in the woodwind section. The Mozart Symphony (K.261) which followed was somewhat marred by occasional uncertainty, particularly in the first violin line, though the total effect was pleasing.

The first half ended with a Mozart Piano Concerto (K.453 in G major) the soloist being Geoffrey Baker. Mr. Baker showed his customary skill, although it was partially obscured by the orchestra on some occasions, and injudicious over-use of the sustaining pedal on others. The slow movement seemed the most musicianly, and Mr. Keefe, the conductor, must be congratulated on the cohesion he created between the piano and orchestra. My interval thoughts were that the innovation of devoting a complete half of the concert entirely to orchestral works had been justified only by the high standard of performance, and in particular by the competent and enthusiastic control shown by the conductor.

The second half was devoted to the Mass in D minor (Nelson) by Haydn. The performance was very enjoyable indeed, and any criticism must be taken in relation to so much that was praiseworthy. Nevertheless, one must record that one of the tympany was mis-tuned one tone flat, a fact which became most oppressively obvious with each succeeding entry. As to the chorus, I must make the same comment as in the review of the last concert, namely that it is depressing to see so many faces buried in the copies, and so little attention being paid to the conductor. Only the tenors were exempt from this criticism ; they sang with vigour, were clearly audible the whole time (tenors nearly always are) but had a tendency to shout. The four soloists, all friends from outside, gave a most talented display when they were not submerged in the sea of instruments around them. It is a pity that the solo vocal parts are no longer performed by " home " talent, but in this case it was completely justified to have professional assistance for parts of much more than ordinary difficulty, and the high standard of the solo singers added immeasurably to the evening's enjoyment.

After the ovation he so justly deserved, the conductor, Mr. Keefe, made a charming and telling speech. He pointed out that in a community containing upwards of 1,000 young people, there were only 28 mustered in the chorus behind him. He appealed to the audience to give support more active than merely attending the concerts twice a year. He refrained from commenting, however, that the audience filling barely two thirds of the Physiology theatre, was composed mainly of friends and relatives of the performers, and that genuine support from the Hospital was limited to two or three dozen people, including one member of the honorary staff, and two members of the junior staff. There must be more people than that interested in music that is out of the rut of the average London season. It seems little short of a tragedy that so much effort and time, and such a worthwhile concert should attract so little support in an intelligent community.

M.D.A.V.

A CASE OF MICROPHTHALMOS

By A. LUCAS YOUNG, M.A., M.R.C.S., D.O.M.S.

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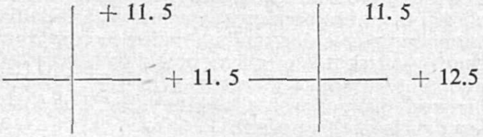
IT is getting on for ten years now since Adrian Shaw first walked into my consulting room. Ten years is a pretty long time and I think the story of this probably unique case might now be told.

It was, I remember, late on a darkish afternoon when I first saw him, and my first impression was of a man in early middle age wearing very Edwardian clothes—four buttons on the coat and all fastened at that, although it was close and thundery, and also very Edwardian glasses—gold rims and oval lenses, highly convex. I thought he had probably had congenital cataracts. He was obviously not very old, and his opening remarks after he had sat down rather confirmed this.

" Doctor," he said, " I don't really think you will be able to do much for me, as it was impressed upon me when I was given these glasses as a boy of fifteen that nothing more could be done and that they would not need changing for an indefinite time, if at all. I was warned however that my sight might get worse in later adult life. I am now forty three and I think my sight has deteriorated somewhat in both eyes during the past three or four years. I have come to see you mainly to reassure myself that I am not in need of any further attention, as I am engaged on work of great national importance and I must run no risk of my sight failing."

I then asked him if he had had any operations performed on his eyes in childhood, but he was quite positive that he had not. He also said that he had used the same pair of glasses for twenty eight years for all purposes, had never used a second pair for close work and that they were not bifocals. I began to think rather poorly of my provisional diagnosis.

He went over to the examination chair, and when he removed his glasses it became obvious that his eyes were not only very deeply set in the orbits, but were also extremely small. The movements were all right and his pupils reacted normally. Retinoscopy, which showed clear and well-defined shadows, gave the result:



The pupils were of reasonable size, and a good view of the fundus was easy to obtain. There was very marked pathological cupping of both discs, and they were very pale. The left disc was more affected in both respects than the right, but apart from the disc changes both fundi were quite normal.

Incidentally, at a subsequent visit I dilated his pupils with cocaine to get a better view of the peripheral parts of the retinæ. The pupils dilated well, and in neither fundus could I find any further abnormality.

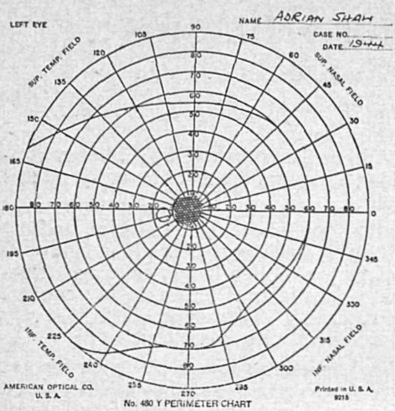
The refraction worked out at :—

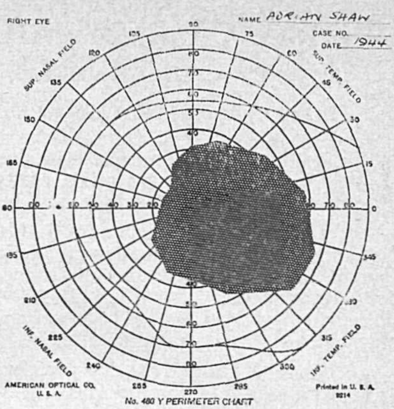
Right eye c + 11. O D Sph = 6/18.

Left eye c + 11. O D Sph = 6/36 rather poorly.

The cylinder indicated on retinoscopy made no appreciable difference one way or the other. Perimetry showed, as might be expected and as can be seen from the accompanying charts, gross defects in both eyes, the left being reduced to tubular vision.

Then of course there was the extreme smallness of the eyes. I measured the corneal diameters with a pair of calipers, and found in each eye that the horizontal diameter was 8 mm. and the vertical diameter 0.5 mm. less. The whole picture therefore was quite consistent, the chronic glaucoma being the logical and probably inevitable sequel to the microphthalmos.





For the benefit of any non-ophthalmological colleague who may have drifted into reading this story, I might say that glaucoma of this type, the chronic, insidious, more or less symptomless variety which creeps up round the corner with no warning and is established before the patient knows anything is wrong : this type is relatively common in hypermetropic eyes, rare in myopic ones. This is generally thought to be associated with the size of the globe, which would be less in the hypermetropic eye. In Shaw's case the smallness and the hypermetropia were wildly exaggerated, the latter being dependent upon the former.

The unusual nature of the case sent me to the reference books. It is only very rarely that a "pure" microphthalmos occurs, i.e., a perfectly formed eye much smaller than normal, a condition to which the term nanophthalmos is applied. Most cases of microphthalmos are associated with other developmental defects, e.g., cyst formation, the term "microphthalmos" being therefore one with a wide application.

Unilateral nanophthalmos has been described as occurring in association with under-development of the face on that side, and also in dwarfism. The vision in most of the few recorded cases has been grossly subnormal, usually hypermetropic of course, but occasionally myopic due to abnormality in corneal curvature, or to lenticonus. The majority of records of microphthalmos concern eyes which have been excised on account of absolute glaucoma. In 1882 however, one Martin recorded a case of microphthalmos with adequate vision, but I have been unable to obtain any further details of this patient.

There did not seem to be much point in doing any further confirmatory tests, as the diagnosis was pretty obvious. The question then was, of course, what to do ? He was an intelligent man, and had a good working knowledge of optics, so it was relatively easy for me to explain to him the nature of his eye condition.

The glaucoma had obviously been present for some years, and it did not seem that anything less than surgery was even worth considering. It was not quite so easy to decide what kind of surgery, but after a lot of consideration I came to the conclusion that a trephine would probably give him at least as good a chance as any other alternative.

His reception of the news that an operation would be necessary was rather curious—he seemed at the same time anxious, unwilling and eager. He asked me at once about the risks of such an operation, and I told him as nearly as I could.

"Doctor," he said, "my main consideration has to be my work. I can't tell you what it is as it is very secret, and it is not too much to say that its full and speedy development is going to be one of the main factors in winning the war. I must have, or retain, as much sight as is necessary for me to carry on with my work. There is only a handful of people in the country with the necessary training and experience to carry out this work, and the loss of one of this number would seriously handicap its development."

He seemed to regard his sight more as a national than a personal asset, and gave me the impression that he didn't really mind if he went blind subsequently, provided he could retain sufficient vision to cope with his immediate problems.

I asked him what sort of time period he would need to complete his work, and he said he thought perhaps two years.

I told him then that I would put aside the question of operation for the moment, give him a miotic to use, examine him at regular intervals and see how he got on. And so I did. But five months later, though his central vision was unchanged, further field changes had taken place and I did not feel I could safely postpone operation any longer.

" All right Doctor," he said when I had told him of the position, " let's get on with it as soon as possible. I pray for your success as I have a great deal still to do."

A few days later he entered a nursing home and the following day I did a trephine. I used the ordinary cocaine surface anæsthesia helped by a subconjunctival injection of procaine at the site of the operation, and though he was plainly nervous he co-operated extremely well, and made things as easy for me as possible.

One or two interesting points arose during the operation. Firstly, owing to the very deep setting of the eye in the orbit, and its very small size, it was impossible to get more than a very small conjunctival flap. For the same reasons it was also impossible to apply the trephine exactly at right angles to the globe.

The tilting of course made the corneal half of the trephine section cut through first, but the corneo-scleral disc was quite successfully removed by means of de Wecker's scissors without, so far as could be seen, leaving much of a bevel. The rest of the operation passed off without incident, as did the convalescence. As a patient he could not have been more amenable and co-operative.

A week after his discharge from hospital he came along to my consulting rooms. All was well and his corrected vision was still 6/18 in the trephined eye. I had explained to him of course that this was a sight-saving and not a sight-restoring operation, and he seemed quite happy about the result, though he was clearly chafing at the inactivity I had imposed upon him. I said he might soon start some light work, and we discussed the question of trephining the other eye.

I told him that theoretically it was the right thing to do, but as of course there was much less sight to save than in the right eye the result would not be very apparent from the point of view of his own subjective findings.

He said, " I don't feel I can afford the time off work at present—I must get back and get on. Could we leave it for the present, and when I've got some of the backlog behind me I'll get in touch with you again."

I agreed to this and off he went. Three weeks later he was back.

" Doctor, I'm going blind," he said, without further ado.

Well, of course he wasn't. The trephine was draining well, the eye was perfectly quiet, and the vision the same as before. I explained all this to him but he wasn't much reassured : in fact he was on the verge of panic. I gave him what I thought to be some suitable advice and he went—only to be back in a few days. By this time it was obvious even to an ophthalmologist that he was suffering from an acute anxiety state. I tried very tactfully to insinuate the suggestion of a psychiatrist into the conversation, but this was brushed impatiently aside—there was nothing wrong with his mind and anyhow he had no time to go traipsing off to the somewhat distant town where the nearest psychiatrist was available.

" I want you to operate on the other eye as soon as you can," he said. " I'm sure if you did it would strengthen the one you have already done."

I thought very hard about disillusioning him on this point and decided not to. It seemed to me that the basis of his anxiety was self-reproach at not having had his eyes examined for so many years, thus allowing the insidious glaucoma to become established when it could have been spotted at a much earlier stage in its development.

It appeared to me from conversation that though he did not personally want the second operation for several reasons, he had begun to feel that he must have it done as a sort of punishment for his self-neglect : it was in fact a sort of compulsive obsession. This being so, and as there was no ophthalmic contra-indication, I decided to do it. It may be that I should have decided otherwise. But I did not. He seemed much relieved by this decision : much of his tenseness disappeared and he discussed arrangements for the operation relaxed and calm.

I was at the time satisfied with the result of this interview, but have since bitterly reproached myself for not making more strenuous attempts to overcome immediate obstacles and thus gain the opinion and advice of a competent psychiatrist. I should, I think, have foreseen that my line of action could have been expected to do no more than temporarily alleviate the condition, and that after the second operation the anxiety might well recur.

His clearly hysterical state could have been the result of one or more of several possible stresses. The most likely precipitant would appear to have been difficulties associated with his work—he may have encountered a technical impasse which put him far behind on his schedule, and he was, I think, the sort of man who would be rendered impatient and exasperated by such a hold-up to a greater extent than normal. The fairly considerable enemy aerial activity to which we were subjected at this time was possibly also not without its effect.

It was arranged for the operation to be done on a Thursday afternoon at five o'clock, and Shaw was to enter the nursing home that morning. It is not my usual practice to operate on the day of admission, but on this occasion there was some particular reason which for the moment I forget.

I spent the morning and the early part of the afternoon dealing with a clinic at a neighbouring country town. There had been some Jerry-bombing the night before and the telephone lines were down. When I got home I found a message to say that Shaw had not turned up. It was then about four o'clock and a 'phone call to the nursing home elicited the information that there was still no sign of him. The telephone at the cottage where he lived, alone, was out of order due to enemy action, so I rang up his doctor, who lived not far away and fortunately was at home. He had not heard from Shaw and could give me no idea as to what might have gone wrong, but he would go along to the cottage and find out. Half an hour later he rang me up.

" The house is apparently deserted," he said. " It is locked up and some of the blinds are drawn. I don't care for the look of things and have sent for the police with a view to gaining entry. If you can, I think you should come out here."

The police and I arrived at the same time. The house was a bungalow, tucked away behind a pallisade of guarding shrubbery. A hillside sloped up from behind it and a tiny lawn was spread in front. From the hillside rose a tall mast of metal trellis-work which looked across the house to the nearby marshes.

As we arrived the distant air-raid siren wailed into action, promptly followed by the uncertain grumble of ack-ack defences, but around us all was quiet in the hot sunshine, and no leaf stirred. We exchanged a few words in undertones, went through the formality of knocking and ringing, after which a constable broke a small side window and clambered in.

Then I smelt it. Not very strong, but it was gas all right. Apparently his doctor, who had a keener sense of smell than I, had been almost certain about it when he had first visited the house, and this was why he had so promptly sent for the police.

We heard the constable clattering about inside : a crash followed and then silence. Then urgent footsteps, the rattle of a chain, and the door opened. The constable beckoned.

" I'm afraid we're too late," he said. He led us to a small work room at the back of the house. The whole place was thick with gas, and Shaw lay on the floor, dead.

He had arranged his death with care and deliberation. His head rested on a cushion, and a long rubber tube, connected at one end to a Bunsen burner, was attached at the other end to his cheek by means of a strip of adhesive in such a way that the gas was discharged within an inch of his nostrils. There was, of course, nothing we could do.

The cottage was immaculately tidy and there was no letter or any kind of communication. It was subsequently found that his affairs were in an orderly condition, but that this was the rule anyway, and we never learned whether there had been much or little premeditation of Shaw's final act. The circumstances we found could almost equally well have pointed to an impulse as to a more considered action. My own feeling is that although there had obviously been an anxiety state existing for some time, the acute conflict which drove him to take his life probably did not arise till the time for departure for the nursing home loomed threateningly near. The time of his death, subsequently calculated to be about 11 a.m., lent some colour to this supposition. It seems likely that this conflict arose out of fear, either of the second operation or of eventual blindness on the one hand and the very intense desire to do his duty by his country which I believe existed on the other.

And so ended, sadly, a case of absorbing ophthalmic interest, and a problem in human reactions of no small complexity. Death is an uncommon intruder in ophthalmic practice, and is perhaps the greater shock on this account.

Long after his death, I came to know a little more about Shaw. It turned out that the work with which he was so intently preoccupied was Radar. He was an unquestioned expert in his own field, and had also done some pioneer work on television in co-operation with Baird. Shaw was one of those who have no memorial, but it is not as though he had never been, for in common with many workers behind the war scene, he played his part. No decoration came his way, and yet the war, I suppose, indirectly led to his death. He was a man with an acute sense of his responsibilities and an overwhelming desire not to let anyone down.

And so in due course another unobtrusive resident moved into the house on the hillside and took charge of the mysteries of the iron skeleton close by. For a war is rather like a play in one respect : the show must go on till the fall of the curtain.

As a post-script to this story I would like to thank Dr. Graham Hemming of the Fort Napier Institution, Pietermaritzburg, for commenting on the psychological aspects of Shaw's case. His remarks have been a great help in welding the story into a consecutive account, and I have incorporated into it some of the suggestions he has made.

A STERN REPROOF

When young men get together,
Conversation takes the usual turn
To the opposite sex—sport, cars,
Compared leave little left to learn.
Girl students? One can't really say
For certain, but methinks they may !

What one can do, the other can't.
Attributes that please or vex.
What exasperates—enchant.
Subtle differences of sex.

* * * *

The sternum shews a difference
It behoves all Guy's men to know;
The gladius is longer in the male
Sir Arbuthnot Lane was first to show.

Youth:
Can you toss a coin well into the air,
Spin it, catch it falling, like a man?
No, it turns twice or thrice, falls to the floor.
Never—not since Adam delved and Eve span.

Girl:
I'll allow you can be quick and nimble,
Shew me the man who can use a thimble.

Youth:
Why make a tube of toothpaste so secure
When the metal part so abused by 'em?
You simply will not press it from the end
But quickly bust the epigastrium !

continued overleaf—

Girl:

Make the most, lad, of your ragging
I have a cure to stop your bragging.

Youth:

Who adds lumps to the top to mend the fire,
Takes up a poker to prick and dot 'em?
Is life too short the nous to acquire
To rake the ashes from the bottom?

Girl:

You can do all things
so much better
You shall eat your words
every letter.

We can wear a hat at any angle;
Sober—you are limited to ten degrees
To indicate a gay Lothario.
We wear anything anyway we please.

One hat, much admired, that few can afford,
A circle of wire just six inches wide
With attached to it on the outer side
The empty half of a peanut's rounded shape
A sculptor's dream—the prisoners escape.
But the empty shell, Alas, has been restored.

In matters of strength and agility
You take all for granted strange to relate.
Sister, will you for a moment oblige,
Our superiority to demonstrate?

Place heels and shoulders flat against to the wall,
Think that you see the full moon through a glass;
Superstition demands that you must bow
Three times to avoid the evil eye.
Please make your obeisance now;
A simple task—you do most gracefully.

Now, Sir, your turn—Yours is an easy task.
Back to the wall—shoulders, heels, muscles taut,
Now please flex your torso as you've been taught.
What failed—lost your balance, too much to ask?

Your centre of gravity must I fear
Be readjusted a little to the rear.
Now, my good sir, for ever hold your peace
And let your delusions of grandeur cease.

* * * *

Is the same reason he so signally
Failed to cover himself with glory,
What the Romans, knowing no English wrote
Vis a tergo—vel posteriori.

A. G. G. P.

" MARIA MARTEN " & " HARLEQUINADE "

After *The Lady's not for Burning* and *Point of Departure* one wondered when Guy's Theatre Club would again produce a light comedy. The recent entertainment was not this, but good old-fashioned melodrama, which produced the laughs all right, preceded by a Terence Rattigan farce.

In *Harlequinade* the Arthur Gosport of Brice Pitt, who also produced, was a polished piece of acting well supported by Rosemary Cautley as Edna Selby his wife. Bigamist he might be, but she, like a good trouper, was ready to stand by him to the bitter end.

I suspect that Patricia Devlin, probably sylph-like off the stage, felt a little ill at ease in the part of the elderly Dame Maud.

Muriel Palmer, the unexpected progeny resulting from a scarcely remembered unpremeditated frolic with his landlady's daughter on a much earlier visit to Lancashire, turned up at the theatre to meet Arthur Gosport, her dad. " Mu, for short " (Elizabeth Burns) managed the Lancashire accent adroitly, and was voted by my family first-class. I wondered whether she indeed came from Lancashire, but since we have the example of radio's Beryl Reid, who is Monica and also has mastered perfectly the accent of a citizen of " Brum ", I suppose it is just as probable that Miss Burns's accent was just good acting.

Tony Peebles as the stage manager was word perfect in an exacting part, and Peter Wilson as the 1st Halberdier and John Oakley as the policeman seemed to enjoy themselves in lesser parts, as indeed did all in the cast.

As for *Maria Marten* or *Murder in the Red Barn* it was clear that all the players enjoyed it thoroughly and were in it up to the neck, as indeed was Kit Wilkinson, as the Squire's son, at the very end.

The choice of this Victorian play was a good one, and perhaps of those present it was the audience who knew their part least of all.

Maria Marten and *Sweeny Todd, The Demon Barber* were great favourites at the Elephant and Castle Theatre at the turn of the century, and then, I am told, the audience joined in with the greatest of vigour. To the great majority of the Theatre Club's audiences " participation in the traditional manner " must have been an unaccustomed experience, and one for which, perhaps, they were not fully prepared, for I learn from the *Daily Telegraph* Information Bureau that the Elephant and Castle Theatre was the home of melodrama and of Christmas Pantomime (that's a thought for the Club) until 1900 when it closed. It re-opened in 1902, but I think its halcyon days were already over and audiences were beginning to forget the parts expected of them.

Mary Jaques was duly demure in the name part, and not unduly put off by the somewhat unexpected and sometimes topical allusions of the audience doing its duty, and Bill Miller coped very well with the difficult part of Mister Marten.

I could have sworn we saw Tony Bowman the Club's Secretary, who produced, as one of the crowd at the fair.

We have grown used to Wilkinson's superb play-acting, and Michael Craft, as the old Gypsy man with a remarkable nose, in no way disappointed.

Did Mr. Chris Wege at the piano get as much credit as he should have done? I regretted that there seemed no opportunity until it was too late to give him the applause which was his due.

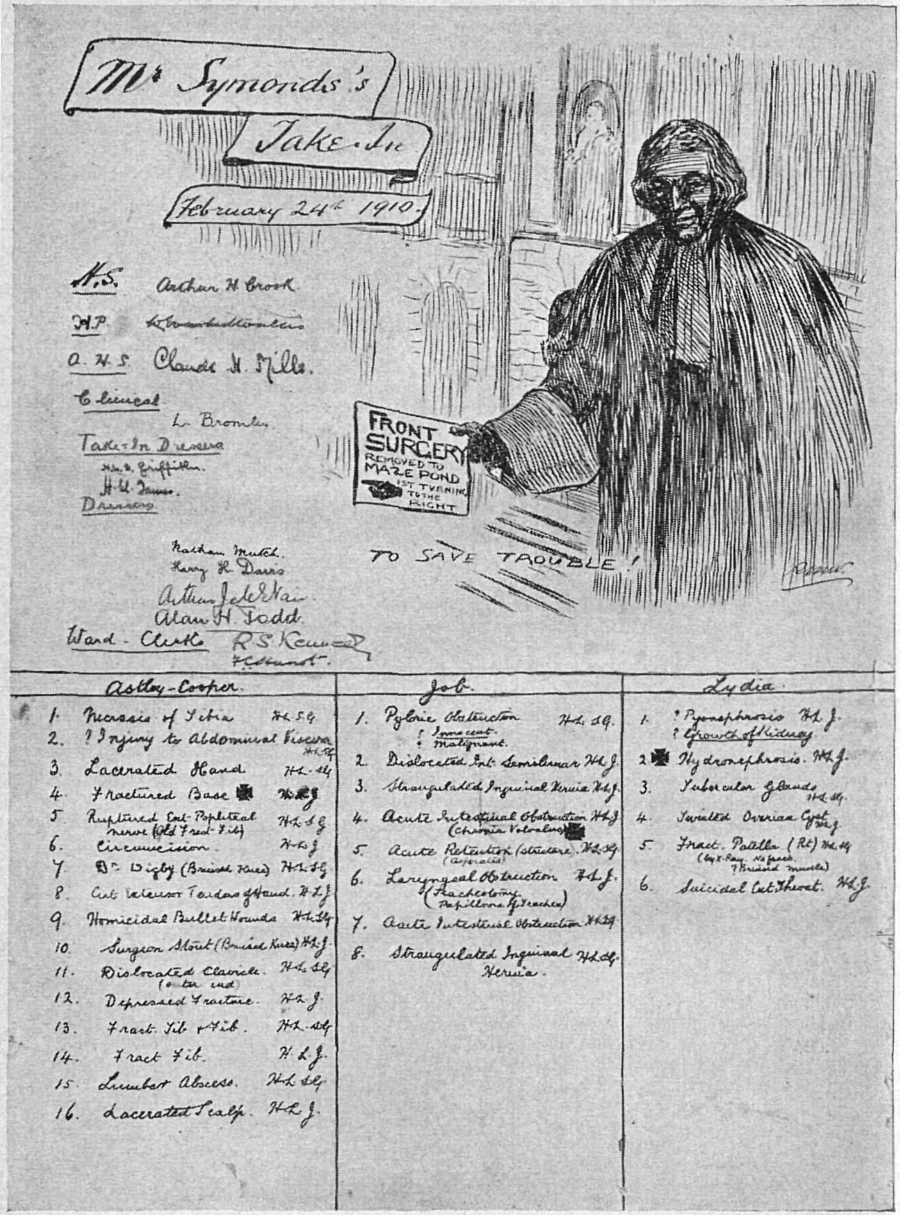
Now, Club, what about that Christmas Pantomime thought for 1955? Last year for the first time for many years there was no pantomime at Orpington Hospital now that the Guy's Unit there has dwindled. What about it?

As an art critic or critic of the Theatre I am completely untutored, but I know this for sure, these two plays were immensely enjoyed by the family.

H.H.K.

THE GUILD OF EX-PATIENTS AND FRIENDS OF GUY'S HOSPITAL

This year the Guild of Ex-Patients is again distributing a wonderfully varied selection of good things to the wards. Every bed patient will have a present on Christmas day and all manner of comforts are being sent out from the office in St. Thomas's Street to help in making the Christmas season one of real good cheer in all parts of the Hospital.



Mr. Symonds's Take-In
February 24th 1910.

FRONT SURGERY REMOVED TO MAZE POND 1ST TURNING TO THE RIGHT

TO SAVE TROUBLE!

H.S. Arthur H. Crook
H.P. [illegible]
A.H.S. Claude H. Mills.
Clinical
L. Bromley.
Take-In Dressers
H.W.S. Griffiths.
H.W. James.
Dressers
Nathan Mutch.
Harry H. Davis
Arthur J. McNair
Alan H. Todd.
Ward-Clerks R.S. Kennedy
F.C. Hunot.

Astley-Cooper.	Job.	Lydia.
1. Necrosis of Tibia H.L. S.G.	1. Pyloric Obstruction H.L. S.G. ? Innocent. ? Malignant.	1. ? Pyonephrosis H.L. J. ? Growth of Kidney.
2. ? Injury to Abdominal Viscera H.L. S.G.	2. Dislocated Int. Semilunar H.L. J.	2 ✠ Hydronephrosis. H.L. J.
3. Lacerated Hand H.L. S.G.	3. Strangulated Inguinal Hernia H.L. J.	3. Tubercular Glands H.L. S.G.
4. Fractured Base ✠ H.L. J.	4. Acute Intestinal Obstruction H.L. J. (Chronic Volvulus) ✠	4. Twisted Ovarian Cyst H.L. J.
5. Ruptured Ext. Popliteal nerve (Old Fract. Fib) H.L. S.G.	5. Acute Retention (stricture). H.L. S.G. (Aspirated)	5. Fract. Patella (Rt) H.L. S.G. (by X-Ray. No fract. ? Bruised muscle)
6. Circumcision H.L. J.	6. Laryngeal Obstruction H.L. J. (Tracheotomy. Papilloma of Trachea)	6. Suicidal Cut Throat. H.L. J.
7. Dr. Digby (Bruised Knee) H.L. S.G.	7. Acute Intestinal Obstruction H.L. S.G.	
8. Cut Extensor Tendons of Hand. H.L. J.	8. Strangulated Inguinal Hernia. H.L. S.G.	
9. Homicidal Bullet Wounds H.L. S.G.		
10. Surgeon Stout (Bruised Knee) H.L. J.		
11. Dislocated Clavicle. (outer end) H.L. S.G.		
12. Depressed Fracture. H.L. J.		
13. Fract. Tib. & Fib. H.L. S.G.		
14. Fract. Fib. H.L. J.		
15. Lumbar Abscess. H.L. S.G.		
16. Lacerated Scalp. H.L. J.		

Moving Day, 1910

This drawing is the subject of Mr. Arthur Crook's letter opposite.

CORRESPONDENCE

Letters to the Editor of the Gazette

An interesting relic

SIR,—I found this relic the other day, when going through some old papers and wondered whether it would interest your readers and perhaps find a place in the Guy's Museum. It was the practice in my day, 1906-1910, for every firm during their " take-in " to have a topical drawing done—and for the cases admitted during the week to be entered up more or less carefully. I was fortunate enough to have this done by my old and dear friend—R. N. Wingent—and as you see it was done on the very transition of the old Front Surgery (then opposite the front Porter's Lodge) to the new O.P.'s in Maze Pond. I well remember the take-in suppers in that dirty room—above the old Front Surgery—(with its large twin copper slentises—one for instruments—the other for the omnipresent H.B.F.'s).

It may interest you to note the names of various eminent Guy's men among Charters Symonds' team—Claude Mills, Daddy Bromley, Mutch, McNair and Todd, Pinkie Hunot—all well known to Guy's men of that time.

Six dressers—two ward clerks—I believe there are rather bigger firms now but we used to get through the work all right.

Yours etc.,

ARTHUR H. CROOK.

2, Chiswick Place,
Eastbourne.

The drawing has been placed for safe keeping in the Wills Library.—Editor.

The de Bruyn Memorial Fund

SIR,—I write to inform you that the above fund is to close on 31st December. Until that day donations can still be accepted at the Stamford branch of Barclay's Bank, Broad Street, Stamford.

The memorial is to take the form of a scholarship to be awarded to students at Stamford endowed schools, proceeding to Guy's to pursue medical studies.

The fund now stands at £1,534 19s. 6d. Names of donors are published in the local press.

Yours etc.,

L. P. de BRUYN.

88, Tinwell Road,
Stamford.

The Dangers of Blood Transfusion

SIR,—In your issue of 16th October there is a very interesting extract from Dr. Cameron's book " Mr. Guy's Hospital ".

In these days when blood transfusion is an everyday procedure I always remember how Dr. Pembrey used to teach us that it was fatal to inject the blood of one person into another. Presumably the experiments had been made with incompatible bloods, but with Pembrey's dogmatic teaching firmly fixed in my memory it took me some time to accept transfusion as a physiological procedure, with minimum risks under proper control.

Yours etc.,

G. DUNDERDALE.

45, Alexandra Road,
Pietermaritzburg,
Natal.

The Nurses' Dental Service

SIR,—I entirely agree with Mr. Kenshole's comments on the very unsatisfactory situation which has arisen since the Dental Service for Nurses was suspended in September.

The high percentage of nurses who failed to keep their appointments is largely responsible for the service closing. I hasten to add, however, that appointments had to be made at least four to six weeks in advance, and it was not easy for the nurses to keep their appointments because of the constant changing of wards and off duty hours.

Why should the nurses be told they may seek dental treatment outside the hospital if they wish when we have here in Guy's one of the largest dental schools in the country?

I feel more satisfactory arrangements could be made for those who desire dental treatment in the Hospital. If this is not done soon I feel that the hospital surely is falling far short of its duty to the Nursing Staff.

Yours etc.,

STAFF NURSE.

Guy's Hospital,
London, S.E.1.

REVIEWS

Pleasure with Paper. By A. von Breda. Translated by W. E. James. Faber and Faber Ltd. *Price 7s. 6d.*

Here is a book which will most certainly provide many a child with hours of "Pleasure with Paper". The author's aim was "to stimulate children to busy themselves interestingly and profitably in making things", and to make them wish to explore further the possibilities of work with paper.

His efforts must surely succeed for he provides an amazing variety of material, model farms and villages, ships and aeroplanes, "magic rings" and paper puzzles, silhouettes and toys, masks and hats, to mention but a few. The exercises are carefully graded and anyone possessing this book should be encouraged to work through it rather than skip about, as very nimble fingers are needed as the work progresses.

The opening section, "Useful Rules", sets out clearly a list of necessary tools and materials. Information about the various types of paper and card used for model making is included, together with the correct name for each.

The instructions and diagrams are clear and in most cases adequate but are designed for an intelligent child with good reading ability and comprehension. Alternatively many a child will doubtless find an adult ready to assist—but adults beware, lest the "scissor-fever" seize you and working with paper gets you in its grip.

M.E.F.

Woman : Man's Equal. By Sir Adolphe Abrahams. Christopher Johnson Ltd. *Price* 10*s*. 6*d*.

This book might well have the sub-title "The idle thoughts of a distinguished physician."

Sir Adolphe Abrahams says himself his plan has been "To disencumber himself of the impression . . . of an average man and the specialised experience of a long professional life". This he has done but perhaps wisely he has not attempted to draw any final conclusions.

The enquirer who is seeking the answer to the question posed by the title of the book will not find it here. He will, however, find a fascinating "pot-pourri" of facts and fancies, cynicisms and romantic prejudices, superstitions and old wives' tales—such as makes up the average male's view of woman.

This is not in any sense a medical text-book or monograph, but is intended for the lay public. Nevertheless, any student, male or female, will get so much amusement, irritation and entertainment as to employ profitably an idle evening.

S.M.M.

Respiratory Function, Management in Disease. By Richard D. Tonkin, M.D., Physical Medicine Series Vol. II, 1954. Actinic Press. *Price* 3*s*. 6*d*.

This excellent little monograph provides a clear and concise introduction to the lectures on pulmonary function in health and disease given to the student physiotherapist.

The specific aim of treatment in each of the medical and surgical cases more commonly met with in practice is also described, and should make the selection of the correct technique as taught in the practical classes a matter of simplicity.

J.F.

Favourite Prescriptions. Edited by SIR HENEAGE OGILVIE and WILLIAM A. R. THOMPSON. Second Edition. The Practitioner. *Price* 5*s*.

The new edition of this popular little book includes a new and most readable chapter by Dr. Philip Evans on " Favourite prescriptions for Children ". Newer drugs which could not find a place in 1950 are noted here. There is much common sense in this volume and much, too, which makes a junior practitioner envious of the facility with which his seniors could write out a dose containing ingredients which are now so often contained in a Trade Name prescribed as " Tabs t.d.s."

In these days of sleeping pills and bottled sedatives it is refreshing to read Dr. Hugh Barber's words : " Of hypnotics I have little to say," he remarks, " they should be discouraged. I have sometimes advised a patient who complained of insomnia to lie awake peacefully in a warm comfortable bed and think of doctors who may be compelled to leave theirs ". Not everyone will agree with the use of bromides which are given prior place in the treatment of epilepsy and it is odd to find no mention of the use of aminophylline for the acute attack of asthma. There is a timely warning (p.53) against local application of penicillin or sulphonamide creams to the skin. The next edition of this interesting little book would gain in popularity by being reduced in size to fit the pocket.

E.E.D.T.

Don Quixote of the Microscope. By HARLEY WILLIAMS, 1954. Jonathan Cape Ltd. *Price* 15*s*.

Santiago Ramon y Cajal, a pioneer of neurohistology, died in 1934. This book is indeed timely as a generation has arisen who know little or nothing of this great scientist. Mr. Williams' book is especially welcome as it is certainly one of the best medical biographies of recent years.

The lifetime of Cajal, who was born in Aragon in 1852, was a dynamic era of medical science when more discoveries were made than in the previous five hundred years. His own contributions were of great importance as his Nobel Prize and other distinctions bear witness. His work and background are discussed adequately and accurately by the author, purely technical detail being, quite rightly, kept to a minimum. The emphasis is on the surroundings and early influences of his life. In particular, the early chapters which tell of his boyhood and colourful early years are quite delightfully written.

One thing, however, escaped this reviewer, and that was the recognition of that resemblance between Don Quixote de la Mancha and Dr. Santiago Ramon y Cajal, which provoked the title of the book (that is, apart from their common nationality). Perhaps it is enough for us to know that the armed whirling dendrites of the cortical windmill were bested by Cajal, his faithful microtome and his silver stains.

This book is unreservedly recommended to medical and scientific readers who will find a pleasantly human portrait and to the general public who will not find themselves to be out of their technical depth.

P.S.B.

SPORT

HOCKEY

Inter-Hospitals Cup—2nd Round

Guy's *v.* St. Mary's

Away—Won 11-4

The score of 11-4 is an accurate reflection of the supremacy which Guy's held over St. Mary's, and in winning by this margin the side have enhanced their chance of retaining the cup.

St. Mary's started the game in a determined and startling manner by scoring in the first fifteen seconds. However, we soon retaliated and indeed it was not long before we established a lead of 2-1. To account for all the goals scored in this match would be a Herculean task, but suffice to say thus far that at half-time Guy's were leading 4-3. Some elementary slips in parts of our defence gave the opponents opportunities which they used to full advantage, and it was the forceful play of our forwards that kept our slender lead.

With the onset of the second half, the Guy's side really settled down into a well knit, fast moving combination. Millar opened the proceedings by scoring a quick goal and soon our advantage was increased to 5-3. The forwards were now playing little short of brilliant hockey, with intelligent interpassing and hard finishing in the circle. The defence had tightened right up by now and we had completely mastered the St. Mary's forwards. Furthermore, we were scoring at regular intervals and so much were we all on the attack that just as we had scored our tenth, St. Mary's broke away and with only Clarke to beat in goal, were able to score. However, this was but a gesture of attack.

The standard of play of the whole team was so good that it is difficult to single out individual performances. However, it must be recorded that Millar at centre forward was at his best and served the Hospital in an outstanding manner even though playing in a position foreign to himself. Hall also had an impressive game on the left wing, while Paul had a scintillating afternoon, having just heard of his successful examination result !

The Guy's goal scorers were : Millar 5, Hall 3, Cooke 2 and Knapman 1.

Team : N. Clarke ; H. M. Tuddenham, D. R. Laney ; R. Elsdon-Dew, W. R. Knapman, M. N. Morgan ; J. J. Hall, R. R. Paul, J. I. Millar, M. F. Willis, N. R. Cooke.

Saturday, 11th December

Guy's *v.* South Essex

Away—Draw 3-3

Guy's 2nd XI *v.* South Essex 2nd XI

H.O.P.—Won 5-0

Guy's 3rd XI *v.* Gresham Athletic 1st XI

Away—Lost 4-7

ASSOCIATION FOOTBALL

Guy's *v.* The Middlesex Hospital (1st Round of Inter Hospitals Cup)

At Honor Oak Park, 17th November
Result : Guy's 3, Middlesex 0

From the kick off until the last whistle Guy's were in complete command of their first round tie of the Inter Hospitals Cup and eventually ran out ready winners by three goals to nil. The ground was soft and there was no wind—conditions which suit Guy's football. Winning the toss, they kicked off with the sun behind them and quickly showed their superiority. Finding each other with accurate short passing they almost scored twice early on through Heath who was playing excellently at inside left.

Almost immediately after this, following good work on the left wing, Cornhill fired in a shot which bounced off the goalkeeper's legs before being scrambled away. Guy's first goal came after nineteen minutes when, following a defensive clearance from one of the very few Middlesex attacks, Crabtree hit the ball down the centre for Maggs to collect and beat the opposing goalkeeper. Only a fine save prevented Cornhill from heading home a second two minutes later from a well placed free kick by Lipington. Just before half-time Maggs made the score 2-0 when he picked up a long ball down the right wing, beat his full back and scored from an acute angle.

In the second half Guy's maintained their superiority and only good goalkeeping prevented a large score. After fifteen minutes Cornhill scored what appeared to be a perfectly legitimate goal when he crashed home the ball after a goalmouth scramble but it was given offside. After thirty minutes Heath scored the best goal of the match with a 25 yard drive which left the opposing goalkeeper helpless. There was no more score which eventually stood at 3-0 for Guy's.

In the Guy's defence, which completely mastered the opposing forwards, Lipington and Knight were outstanding. In the forward line the inside trio of Heath, Cornhill and Maggs is worthy of special mention.

Well done Guy's ! With a little more directness and service from the wings, this team should be strong enough to go a long way in the Cup this year.

Team : Rowland ; Creed, Knight ; Crabtree (Captain), Lipington, Horsfield ; Major, Maggs, Cornhill, Heath, Wright.

Guy's *v.* St. Thomas's

Saturday, 6th November, Away
Result : Draw 2-2

This game was played on a very wet and heavy pitch at Cobham. After fifteen minutes of hard football a pass back by Maggs to Rowland was intercepted by the St. Thomas's centre forward and Guy's were one goal down. Within a minute St. Thomas's scored again and it was only after this that Guy's began to develop their short passing tactics which proved so successful. Ten minutes before half time Knight was injured and had to leave the field. However, Guy's continued to play strongly with ten men and just before half time Maggs scored to make it 2-1.

In the second half Guy's came near to scoring several times. Cornhill hit the post and two other shots were kicked off the line with the goalkeeper beaten. Guy's eventually equalised through Maggs who scored with an acute angled shot from twenty five yards.

Team : Rowland ; Creed, Knight ; Sutton, Crabtree, Missen ; Major, Maggs, Cornhill, Heath, Beavis.

Guy's *v.* University College Hospital

Saturday, 11th December
Result : Won 4-1

The pitch had been hardened by an overnight frost and ball control was extremely difficult on a somewhat uneven surface. However, Guy's overcame the conditions far better than their opponents and opened confidently. Excellent shots at goal from Maggs, Cornhill and Heath were brilliantly saved by the opposing goalkeeper whose fine play proved to be very frustrating to the Guy's forwards.

As usual—or, perhaps it is truer to say, as is often the case, our opponents opened the scoring. A centre across the goal from the right eluded Lewis's outstretched arms and their left winger tapped the ball into the net. After the customary one goal deficit Guy's woke up and played some really constructive football. Maggs fastened on to a through ball from Crabtree and beat the goalkeeper with a fine shot from an acute angle. Soon afterwards Heath got Humphreys away down the left wing. Heath collected the return pass, beat two men and placed the ball well out of the goalkeeper's reach.

Thus at half-time we led 2-1. Our third goal was scored by one of the opposing defenders. He miskicked badly and sliced the ball into his own goal. Guy's were having nearly all the play. Any opposing attacks were dealt with swiftly and surely by the stern tackling of the Guy's defence. Missen was having a good game at centre-half and Lewis handled safely in goal.

Our fourth goal came from a long clearance by Knight whose pass found Cornhill on the right wing. He centred and Heath was there to volley past the goalkeeper.

Team : A. Lewis ; Creed, Knight ; Crabtree (Captain), Missen, Beavis ; Cornhill, Maggs, Gornall, Heath, Humphreys.

Guy's *v.* Bart.'s

Saturday, 18th December (Away)

Result : Guy's 4, Bart.'s 1

The ground at Chislehurst was in fine condition when Guy's played their last match before Christmas against Bart's. Bart's kicked off facing a bright sun and were very soon on the defensive. Maggs, Watmore and Barry-Taylor were combining well in midfield and the Bart's goalkeeper made some fine saves. Beavis and Major played well on their respective wings and got across some good centres. Within five minutes of the start Guy's scored. Barry-Taylor made an opening and passed to Watmore. The latter drew the opposing centre-half and flicked the ball to Maggs who put a first time shot into the net. Within a few minutes Guy's received a rude shock. Bart's cleared the ball from their own penalty area and their centre-forward, for once eluding the close attention of

Lipington, fired in a shot which gave Lewis no chance. There was no further score before half time despite some splendid shots at goal by Maggs, Watmore and Barry-Taylor.

Soon after half-time, Maggs sent Beavis away on the right wing. Beavis beat his full back and tapped a well placed shot out of the goalkeeper's reach. Watmore got the next goal with a fierce shot which cannoned into the top of the net making it 3-1 to Guy's.

Bart's showed signs of a recovery but their most dangerous forward was well dealt with by Crabtree, who always tackled hard. Horsfield put in a vast amount of work at left half while Lipington's tackling and passing were exemplary. Creed and Knight effectively disposed of any dangers on the Bart's wings and the whole defence held firm.

Meanwhile Lewis, in goal, had little to do but all his work was safe. Twice he gathered the ball off the feet of the opposing centre-forward and one of his saves—from a full-blooded drive from about ten yards—will linger in the memory. Maggs got Guy's fourth goal and an excellent goal it was. He shot from an acute angle about twenty-five yards out and the Bart's goalie could do nothing about it.

Team : A. Lewis ; Creed, Knight; Crabtree (Captain), Lipington, Horsfield ; Beavis, Maggs, Barry-Taylor, Major.

BOXING

Guy's *v.* Trinity College, Dublin

Lost 5-0

On Monday, 13th December, Guy's entertained a strong team from T.C.D. which arrived fresh from convincing victories over both Oxford and Cambridge. Owing to injuries to both sides it was only possible to have five fights and an exhibition bout. Although all the decisions went against the Hospital, we were not disgraced and the boxing was of a high standard.

Lightweight : R. A. Peebles (Guy's) *v.* D. Abbott (T.C.D.).

Peebles set the pace throughout this bout attacking strongly with left and right swings, and for the first two rounds had his opponent a good left hander, worried and, on at least two occasions, shaken. Although Abbott did not match Peebles in strength or punching power, he punched more often and more accurately ; this was especially apparent in the last round when Peebles began to tire and it was this which gave Abbott the decision after a very good fight.

Welterweight : J. G. Allardice (Guy's) *v.* P. Shanks (T.C.D.).

Allardice was matched with a very experienced opponent, who recently fought for Dublin at the Albert Hall against London. This was undoubtedly the best fight of the evening between a naturally aggressive boxer and a really accomplished counter-puncher. Allardice attacked continuously with left leads and right crosses, varied with left hooks when he got inside. Shanks was punching extremely hard and with his superior experience succeeded in tying up Allardice in several spells of in-fighting.

In this way Shanks just won the first two rounds, in the last round he began to tire and Allardice pressed hard, but Shanks boxed very cleverly and took the decision by what must have been the narrowest of margins.

Light Middleweight : P. H. N. Davis (Guy's) *v.* C. Welsh (T.C.D.).

This was a bout between a fighter and a boxer. Davis never stopped moving forward and is to be congratulated on his courage, for his opponent, who is very experienced, hit him with every punch in the book. Davis lost the first two rounds by a wide margin although he was always trying.

In the third round Welsh began to tire and Davis, still moving in like a tank, won it quite clearly ; but the leeway was too great and the decision went to Welsh. Nevertheless it was a most encouraging performance from one who has so little experience against one who has so much.

Middleweight : C. J. Wallace (Guy's) *v.* D. Gibben (T.C.D.).

Wallace began well with left jabs and right crosses. His opponent, a very hard puncher, caught Wallace with a well timed right hander and followed up his advantage with a barrage of lefts and rights. Wallace's co-ordination went, and the referee stopped what had looked like being a most interesting fight.

Light Heavyweight : D. Howard Allen (Guy's) *v.* W. Chinn (T.C.D.).

In meeting W. Chinn, an Ireland representative and a recent member of the Dublin team at the Albert Hall, Howard Allen was indeed facing a worthy opponent. This, however, did not disturb Howard Allen who attacked from the first bell and scored frequently with crisp punches to head and body that surely earned him the first round. Whereafter Chinn found gaps in Howard Allen's defence, mainly at close quarters where his short hooks stopped the advances of Howard Allen, who continued to attack, but appeared at times to be out of distance.

The final round turned the bout in Chinn's favour ; his experience enabled him to smother Howard Allen's leads and in consequence there were a few clinches, but Chinn used both hands to score at frequent intervals with only slight response from his opponent.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL AND SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited to fill an established vacancy as **Senior Registrar in Obstetrics** until 30th September, 1956.

The appointment will be made jointly by the bodies concerned and will be held in the first instance, until 30th September, 1955, in the Regional Hospital in the Bromley Group and will be renewable for the year commencing on 1st October, 1955, at Guy's Hospital until 30th September, 1956.

The appointment will be in accordance with the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales). Forms of application are obtainable from, and should be lodged with, The Superintendent, Guy's Hospital, S.E.1, not later than **7th January, 1955.**

Applications are invited for the post of **Lecturer in the Bacteriology Department.** Candidates should be medically qualified, and preference will be given to those with an Honours Degree in a basic medical science. The seniority of the post will depend on the qualifications and experience of the person appointed ; salary within the range for Junior and Senior Lecturers, with superannuation and family allowance. Application should be made by **8th January, 1955,** on a form obtainable from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

NOTICE

The Annual Dental Clinical Meeting will be held in the Dental Department on **Saturday, 5th March, 1955** and the Dental Society Dinner will be held in the evening. A detailed programme of the Meeting will be published in the *Gazette* on 5th February, 1955 and notices regarding the Dinner will be circulated in the near future.

APPOINTMENTS

Wallace Fox, M.D., M.R.C.P., appointed a member of the Medical Research Council's Tuberculosis Chemotherapy Trials Committee.

H. D. Osmond-Smith appointed Dental Surgeon to Knowle Hospital, Fareham, Hants.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates

1 line 6s., 4 lines 20s. Box Numbers 9d. extra.

TO LET, Furnished House, Bromley. 3 bedrooms, ideal boiler, refrigerator, etc. From middle March. 1 year. Box No. 81.

HAVE YOU FORGOTTEN to order your tickets for the Clubs' Union Ball?

For Sale

SHERLOCK HOLMES AND DR. WATSON. 2s. The Hound of the Baskervilles 1s. Reprints available from *Gazette* Office.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etching Framed (personal collection only). 7s. 6d. each. **WELCOME GIFTS.** The Manager, *Gazette* Office, 6, St. Thomas Street, S.E.1.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1

PASS LIST

UNIVERSITY OF OXFORD

B.M. Examination

Michaelmas Term, 1954

Midwifery

*J. Billingham

*Has now qualified.

UNIVERSITY OF CAMBRIDGE

M.D.

E. M. M. Besterman

UNIVERSITY OF LONDON

Faculty of Science

Ph.D.

November, 1954

R. J. Shephard

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Final Examination

G. T. F. Braddock
J. Candy
M. C. Gilbert
J. F. Shaw
J. A. Turner
J. L. Williams
J. H. B. Yule

PAPERS BY GUY'S MEN

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CHANGES OF ADDRESS

E. Colin Dawson, M.B., B.S., 7, Tubbenden Lane, Orpington, Kent.

G. Tester Thompson, L.D.S.R.C.S. Gordon F. Thompson, L.D.S.R.C.S., Marney Lodge, 89, East Hill, Wandsworth, S.W.18.

BIRTHS

ALLAN.—On 15th December, 1954, in New York, to Joan (née Reed, B.A.), wife of Frederick Allan, B.D.S., L.D.S.R.C.S., a son (Jeffery).

CLARK.—On 18th October, 1954, to Margaret, wife of David Clark, a son.

WEBB.—On 14th December, 1954, at Queen Charlotte's Maternity Hospital, to Celia, wife of R. A. J. Webb, M.B., B.S., a brother for Amanda.

WILLCOCK.—On 16th November, 1954, to Jennifer (née Crosland), wife of Roger D. Willcock, M.B., B.S., a third son (James Doidge), a brother for Alan and Peter.

DEATHS

LONGHURST.—On 21st November, 1954, Ernest Archibald Longhurst, M.R.C.S., L.R.C.P., L.D.S.R.C.S., of 11, Upper Wimpole Street, London, W.1.

SUMERLING.—On 25th November, 1954, at The Moorlands Hospital, Leek, Bertram James Sumerling, L.D.S.R.C.S., of Cornhill Cross, Leek, aged 78.

EDS. { **E.B.D.T.** **P.S.B.**